

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 15 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766268 (7)
 1. Corporation Name
CASA ESTAMAR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1249 SE 8TH ST APT #3 CAPE CORAL FL 33990	Mailing Address 1249 SE 8TH ST APT #3 CAPE CORAL FL 33990
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3. Date Incorporated or Qualified
12/23/1982

4. FEI Number
NOT APPLICABLE

Applied For	Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State	27 City & State
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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip	28 Country	29 Zip	30 Country
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7. Is this nonprofit corporation a homeowners association?
 Yes No

24	25	29	30
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

BAKOS, ROSE
1249 SE 8TH ST APT #3
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	GALICKI, W. STANLEY	
STREET ADDRESS	5342 COBALT COURT	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAKOS, ROSE	
STREET ADDRESS	1249 SE 8TH ST APT 3	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DAVID, DAVID	
STREET ADDRESS	1249 SE 8TH ST APT. 1	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD JOHN BAKOS
3.3 STREET ADDRESS	1249 SE 8 ST. Apt. 3
3.4 CITY-ST-ZIP	CAPE CORAL, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **1-7-98** **1-944-772-5924**

CR2E037 (10/97)