

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002991

FILED  
Apr 09, 2007  
Secretary of State

Entity Name: CASA EOLA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

FEI Number: 59-3697116

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JAMES A JR.  
SENTRY MANAGEMENT INC.  
2180 W. SR 434, STE. 5000  
LONGWOOD, FL 327795044 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GIBSON, MICHAEL H  
Address: 604 E. LIVINGSTON STREET, #2  
City-St-Zip: ORLANDO, FL 32803 US

Title: VD (X) Delete  
Name: WILE, CHERIE  
Address: 337 CATHCART AVE.  
City-St-Zip: ORLANDO, FL 32803 US

Title: TD ( ) Delete  
Name: O'MALLEY, SHAWN  
Address: 606 E. LIVINGSTON ST.  
City-St-Zip: ORLANDO, FL 32803 US

Title: SD ( ) Delete  
Name: MORGAN, JENNIFER  
Address: 600 LIVINGSTON ST E  
City-St-Zip: ORLANDO, FL 32803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GIBSON, MICHAEL H  
Address: 604 LIVINGSTON STREET E  
City-St-Zip: ORLANDO, FL 32803 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: O'MALLEY, SHAWN  
Address: 606 LIVINGSTON ST E  
City-St-Zip: ORLANDO, FL 32803 US

Title: SD (X) Change ( ) Addition  
Name: SKALDE, ERIN  
Address: 602 LIVINGSTON ST E  
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL H GIBSON

PD

04/09/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date