

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 21, 2005  
Secretary of State**

DOCUMENT# N04000011992

Entity Name: CASA DE SUENOS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

815 PEARL STREET  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

815 PEARL STREET  
KEY WEST, FL 33040

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

BERNHARDT, MICHAEL D  
815 PEARL STREET  
KEY WEST, FL 33040 US

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:**

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

Title: D ( ) Delete  
Name: BERNHARDT, MICHAEL D  
Address: 815 PEARL STREET  
City-St-Zip: KEY WEST, FL 33040

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

Title: D ( ) Delete  
Name: BERNHARDT, NADIEZKA  
Address: 815 PEARL STREET  
City-St-Zip: KEY WEST, FL 33040

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

Title: D ( ) Delete  
Name: BERNHARDT, JERRY  
Address: 815 PEARL STREET  
City-St-Zip: KEY WEST, FL 33040

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 BERNHARDT

D

06/21/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date