

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90357 031 \*\*\*\*61.25

**DOCUMENT # N05000007850**  
 1. Entity Name  
**CASA SUL LAGO CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
 1509 MILITARY TRAIL  
 SUITE 216  
 WEST PALM BEACH, FL 33409

Mailing Address  
 1509 MILITARY TRAIL  
 SUITE 216  
 WEST PALM BEACH, FL 33409

66015098



2. Principal Place of Business  
**WEST HAMPTON**

3. Mailing Address  
**WELLINGTON MANAGEMENT**

Suite, Apt. #, etc.  
**3401-B FAIRLANE FARMS RD**

03242006 Chg-NP CR2E037 (11/05)

City & State  
**WELLINGTON, FL**

City & State  
**WELLINGTON, FL**

4. FEI Number  
**20-3397772**

Applied For  
 Not Applicable

Zip  
**33414**

Country  
**USA**

Zip  
**33414**

Country  
**USA**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 EDGAR, CHARLES W III  
 8409 N. MILITARY TRAIL  
 SUITE 123  
 PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent  
 Name  
**NEWSOME, JOHN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**WELLINGTON MANAGEMENT INC.**  
**3401-B FAIRLANE FARMS RD**  
 City  
**WELLINGTON** FL Zip Code  
**33414**

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **John Newsome** DATE **5/1/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARUSO, DENNIS		NAME	
STREET ADDRESS 1509 MILITARY TRAIL #216		STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH, FL 33409		CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOYD, AL		NAME	
STREET ADDRESS 1509 MILITARY TRAIL #216		STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH, FL 33409		CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOYD, LENYCE		NAME	
STREET ADDRESS 1509 MILITARY TRAIL #216		STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH, FL 33409		CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARUSO, LYNN		NAME	
STREET ADDRESS 1509 MILITARY TRAIL #216		STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH, FL 33409		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* **AL BOYD** DATE **4/13/06** DAYTIME PHONE **561-795-7767**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR