

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15562

FILED
Jun 28, 2005
Secretary of State

Entity Name: CASA MAR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6006 MIDNIGHT PASS RD.
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

6006 MIDNIGHT PASS RD.
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 59-0946914 **FEI Number Applied For ()** **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:

BLUM, MARTIN
6006 MIDNIGHT PASS ROAD
SARASOTA, FL 34242 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:

Title: S () Delete
Name: BLUM, MARTIN
Address: 464 BLUE GARDEN LANE
City-St-Zip: OSPREY, FL 34229

Title: V () Delete
Name: BURCH, PAUL
Address: 28 SAUNDERS DR
City-St-Zip: NIAHTIC, CT 06357

Title: T () Delete
Name: VESEY, STEPHEN
Address: 13 BIRCH HILL RD.
City-St-Zip: DANVERS, MA 01923

Title: D () Delete
Name: PERICICI, WALTER
Address: 61-12 163RD ST.
City-St-Zip: FRESH MEADOWS, NY 11365

Title: D () Delete
Name: MORRIS, R.C.
Address: 22 VILLAGE LANE
City-St-Zip: GROSSE POINTE, MI 48230

Title: P () Delete
Name: CHAMBERLIN, RUSSELL
Address: 1612 BAYWOOD WAY
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: ANDERSON, NEIL
Address: 5822 BAYSIDE DRIVE
City-St-Zip: FT WAYNE, IN 46815

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: DR. MARTIN BLUM

S

06/28/2005

Electronic Signature of Signing Officer or Director

Date