

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750350 (1)

1. Corporation Name

CASA DEL RIO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O MARLIN PROPERTY MANAGEMENT CO.
1489 W. PALMETTO PARK RD. SUITE 414
BOCA RATON FL 33486
USC/O MARLIN PROPERTY MANAGEMENT CO.
1489 W. PALMETTO PARK RD. SUITE 414
BOCA RATON FL 33486-3327
US3. Date Incorporated or Qualified
12/26/19793a. Date of Last Report
04/09/1996

2. Principal Place of Business

2a. Mailing Address

21 % Bohica Properties

26 % Bohica Properties

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3850 NW 2 Avenue # 2

27 3850 NW 2 Avenue # 2

City & State

City & State

23 Boca Raton, FL

28 Boca Raton, FL

Zip

Country

Zip

Country

24 33431

25 Palm Bch

29 33431

30 Palm Bch

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REINER, LINDA

C/O MARLIN PROPERTY MANAGEMENT CO.
1498 W. PALMETTO PARK RD. SUITE 414
BOCA RATON FL 33486

81 Name

Marcia Collins

82 Street Address (P.O. Box Number is Not Acceptable)

90 Bohica Properties 3850 NW 2 Avenue

83 # 2

84 City

Boca Raton

FL

85 Zip Code

33431

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 617.0508, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when installing)

DATE

Marcia Collins, Property Manager

1/22/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROONEY, EDWARD P	
STREET ADDRESS	14751 SUMMERSONG LANE	
CITY-ST-ZIP	DELRAY BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Edward P. Rooney
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	REINOLD, JANET	
STREET ADDRESS	480 NW 20TH ST. #D315	
CITY-ST-ZIP	BOCA RATON FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SPRINGER, MAKO J	
STREET ADDRESS	450 NW 20TH STREET #E-312	
CITY-ST-ZIP	BOCA RATON FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	DD	<input checked="" type="checkbox"/> DELETE
NAME	SAVAGE, JASON	
STREET ADDRESS	490 NW 20TH ST, #A208	
CITY-ST-ZIP	BOCA RATON FL	

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DD - Highland, Chance
4.3 STREET ADDRESS	450 NW 20 ST
4.4 CITY-ST-ZIP	Boca Raton, FL 33431

TITLE	DD	<input type="checkbox"/> DELETE
NAME	TRAD, ELIAS	
STREET ADDRESS	470 NW 20TH ST, #C111	
CITY-ST-ZIP	BOCA RATON FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	DD	<input type="checkbox"/> DELETE
NAME	O'NEAL, NANCY	
STREET ADDRESS	470 NW 20TH STREET, #C203	
CITY-ST-ZIP	BOCA RATON FL	

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DD O'Neill, Nancy
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0045088

1/24/97 561-750-8822

CR2E037 (9/96)