


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1998 8:00am
Secretary of State

| | | |
|-------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|-------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|

DOCUMENT # N15562 (4)
 1. Corporation Name
CASA MAR CONDOMINIUM ASSOCIATION, INC.

| | |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business 6006 MIDNIGHT PASS RD. SARASOTA FL 34242 | Mailing Address 6006 MIDNIGHT PASS RD. SARASOTA FL 34242 |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|

| |
|--------------------------------------------------------|
| 3. Date Incorporated or Qualified 06/20/1986 |
| 4. FEI Number 59-0946914 |
| Applied For <input type="checkbox"/> Not Applicable |

| | |
|---------------------------------------------|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

| |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLUM, MARTIN
6006 MIDNIGHT PASS ROAD
SARASOTA FL 34242

| | |
|-------------------------------------------------------|-----------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |
| 85 Zip Code | |

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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|-------------------------------------|--------------------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BLUM, MARTIN | |
| STREET ADDRESS | 164 DORY LN | |
| CITY-ST-ZIP | OSPREY FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BURCH, PAUL | |
| STREET ADDRESS | 28 SAUNDERS DR | |
| CITY-ST-ZIP | NIANTIC CT | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | ULRICH, GEORGE | |
| STREET ADDRESS | 4472 DEER TRAIL | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | GREENE, PATRICIA | |
| STREET ADDRESS | 9981 LAUREL VALLEY CIR | |
| CITY-ST-ZIP | BRADENTON FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | LARKIN, EDWARD | |
| STREET ADDRESS | 20375 SLBURY DR | |
| CITY-ST-ZIP | PT CHARLOTTE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DAVIS, FRANK J | |
| STREET ADDRESS | 6006 MIDNIGHT PASS RD APT 54 | |
| CITY-ST-ZIP | SARASOTA FL | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|-------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | LEONHARD, G.W. | |
| 4.3 STREET ADDRESS | 5158 COVENTRY LANE | |
| 4.4 CITY-ST-ZIP | FT. WAYNE, IN 46804 | |
| 5.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | MACAL-ZEH, ELSIE | |
| 5.3 STREET ADDRESS | 6310 MIDNIGHT PASS RD. | |
| 5.4 CITY-ST-ZIP | SARASOTA, FL 34242 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I 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]* **3/18/98 (941) 966-1441**

CR2E037 (10/97)