

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739901

**Entity Name:** CASA PRIMA APARTMENTS ASSOCIATION, INC.

**Current Principal Place of Business:**

1859 SHORE DR. S.  
OFFICE DROP  
S. PASADENA, FL 33707

**Current Mailing Address:**

C/O ALL MGMT, LLC  
P. O. BOX 40087  
ST. PETERSBURG, FL 33743 US

**FEI Number:** 59-1892891

**Certificate of Status Desired:** Yes

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

ALL MGMT, LLC  
C/O ALL MGMT, LLC  
P.O. BOX 40087  
SAINT PETERSBURG, FL 33743 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:** DORIS A. FARLEY

04/30/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name SPEARE, LISA  
Address C/O ALL MGMT, LLC  
P.O. BOX 40087  
City-State-Zip: SAINT PETERSBURG FL 33743

Title PRESIDENT  
Name KESSLER, SUSAN  
Address C/O ALL MGMT, LLC  
P.O. BOX 40087  
City-State-Zip: SAINT PETERSBURG FL 33743

Title TREASURER  
Name TERRY, DANE  
Address C/O ALL MGMT, LLC  
P.O. BOX 40087  
City-State-Zip: SAINT PETERSBURG FL 33743

Title VP  
Name HORNE, DIANE  
Address C/O ALL MGMT, LLC  
P.O. BOX 40087  
City-State-Zip: SAINT PETERSBURG FL 33743

Title DIRECTOR  
Name SANDERS, BONNIE  
Address C/O ALL MGMT, LLC  
P.O. BOX 40087  
City-State-Zip: SAINT PETERSBURG FL 33743

*I hereby 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 all other like empowered.*

**SIGNATURE:** DORIS A. FARLEY FOR SUSAN KESSLER

REGISTERED AGENT

04/30/2023

Electronic Signature of Signing Officer/Director Detail

Date