Entity Name: CASA MADRID CONDOMINIUM ASSOCIATION, INC.			Secretary of State CC5068499185	
	ncipal Place of Business: ERE PARK BLVD 4293		CC50684	99100
Current Mai	ling Address:			
3900 WOOD VENICE, FL	MERE PARK BLVD 34293			
FEI Number: 45-4339511			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
TANNENBAUM 1990 MAIN STF SUITE 725 SARASOTA, FL				
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Florid	а.
SIGNATURE: MARK C. HANEWICH				
SIGNATURE	MARK C. HANEWICH		(04/12/2013
SIGNATURE	EIEctronic Signature of Registered Agent		(04/12/2013 Date
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent		(
	Electronic Signature of Registered Agent	Title	DV	
Officer/Dire	Electronic Signature of Registered Agent	Title Name		
Officer/Dire	Electronic Signature of Registered Agent ctor Detail : DP		DV	
Officer/Dire Title Name	Electronic Signature of Registered Agent ctor Detail : DP GALLINA, JOSEPH R 101 EAST MAIN STREET STE 500	Name	DV SHERRY, TIM 1221 JOHN Q HAMMONS DRIVE	
Officer/Dire Title Name Address	Electronic Signature of Registered Agent ctor Detail : DP GALLINA, JOSEPH R 101 EAST MAIN STREET STE 500	Name Address	DV SHERRY, TIM 1221 JOHN Q HAMMONS DRIVE	
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : DP GALLINA, JOSEPH R 101 EAST MAIN STREET STE 500 MT HOREB WI 53572	Name Address	DV SHERRY, TIM 1221 JOHN Q HAMMONS DRIVE	
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : DP GALLINA, JOSEPH R 101 EAST MAIN STREET STE 500 MT HOREB WI 53572 DST	Name Address	DV SHERRY, TIM 1221 JOHN Q HAMMONS DRIVE	
Officer/Dire Title Name Address City-State-Zip: Title Name Address	Electronic Signature of Registered Agent ctor Detail : DP GALLINA, JOSEPH R 101 EAST MAIN STREET STE 500 MT HOREB WI 53572 DST BILLER, JAMES D	Name Address	DV SHERRY, TIM 1221 JOHN Q HAMMONS DRIVE	
Officer/Dire Title Name Address City-State-Zip: Title Name Address	Electronic Signature of Registered Agent ctor Detail : DP GALLINA, JOSEPH R 101 EAST MAIN STREET STE 500 MT HOREB WI 53572 DST BILLER, JAMES D 3900 WOODMERE PARK BLVD	Name Address	DV SHERRY, TIM 1221 JOHN Q HAMMONS DRIVE	
Officer/Dire Title Name Address City-State-Zip: Title Name Address	Electronic Signature of Registered Agent ctor Detail : DP GALLINA, JOSEPH R 101 EAST MAIN STREET STE 500 MT HOREB WI 53572 DST BILLER, JAMES D 3900 WOODMERE PARK BLVD	Name Address	DV SHERRY, TIM 1221 JOHN Q HAMMONS DRIVE	

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.

DST

Electronic Signature of Signing Officer/Director Detail

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1200000572

FILED Apr 12, 2013

Secretary of State