

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90007 050 ****61.25



DOCUMENT # 719592
1. Entity Name
**LA CASA DE LOS CARACOLAS CONDOMINIUM
ASSOCIATION, INC.**

Principal Place of Business Mailing Address
**NOBLES MANAGEMENT
251 WINDWARD PASS, STE F
CLEARWATER BEACH FL 33767
US** **NOBLES MANAGEMENT
251 WINDWARD PASS, STE F
CLEARWATER BEACH FL 33767
US**



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
Zip Country Zip Country

4. FEI Number **59-1559253** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent
**CLARKE, RICHARD S.
3435 BAYSHORE BLVD #900
TAMPA FL 33629**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WARD, CARLTON <input checked="" type="checkbox"/> Delete 1253 PSRK STREET CLEARWATER FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, EMMITT <input type="checkbox"/> Delete 660 BEACHLAND BLVD, STE 301 VERO BEACH FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SKEMP, NANCY <input type="checkbox"/> Delete 3113 WAVERLY PARK TAMPA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, ELAINE <input type="checkbox"/> Delete 3435 BAYSHORE BLVD #800 TAMPA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARKE, RICHARD <input type="checkbox"/> Delete 3435 BAYSHORE BLVD #900 TAMPA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, PETER <input checked="" type="checkbox"/> Delete 2450 GULF BLVD., #6A TAMPA FL 33629

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MICHAEL GERWE 4909 NASSAU ST. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Richard Clarke* 3/7/06 813 623091