

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90011 008 \*\*\*\*61.25



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

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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

1st MOORE CR2E037 (10/07)

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature and title when registering)

**FILE NOW - FEE IS \$61.25**  
**Due By: May 1, 2008**

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

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

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GERWE, MICHAEL	
STREET ADDRESS	4909 NASSAN ST	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SKEMP, NANCY	
STREET ADDRESS	3113 WAVERLY PARK	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEWMAN, ELAINE	
STREET ADDRESS	3435 BAYSHORE BLVD #800	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CLARKE, RICHARD	
STREET ADDRESS	3435 BAYSHORE BLVD #900	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth Lane	
STREET ADDRESS	PO Box 23504	
CITY-ST-ZIP	Tampa, FL 33623	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary L. Ulrey	
STREET ADDRESS	3612 W. Santiago	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melissa Smith	
STREET ADDRESS	4626 Sunset Blvd.	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peter Baker	
STREET ADDRESS	500 E. Kennedy Blvd.	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Romero	
STREET ADDRESS	13620 Lake Magdalene Blvd.	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 S Clarke* **RICHARD S CLARKE** 3/21