

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 731679 (7)

1. Corporation Name

CASA CLARA CONDOMINIUM ASSOCIATION, INC.

95 APR 14 AM 9:36

Principal Place of Business Mailing Address

**201 OCEAN DR. EAST
KEY COLONY BCH FL 33051-0299
US**

**PO BOX 510299
KEY COLONY BCH FL 33051-2099
US**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified	3a. Date of Last Report
01/20/1975	04/11/1994
4. FEI Number	Applied For
59-1642192	Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STONG-ILLIG, CYNTHIA 201 E OCEAN DRIVE KEY COLONY BCH FL 33051				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reselecting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATE, F.	1.2 NAME	
STREET ADDRESS	201 OCEAN DRIVE EAST	1.3 STREET ADDRESS	
CITY - ST - ZIP	KEY COLONY BCH, FL 0	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, CHARLES	2.2 NAME	
STREET ADDRESS	201 OCEAN DR E	2.3 STREET ADDRESS	
CITY - ST - ZIP	KEY COLONY BCH, FL 00000	2.4 CITY - ST - ZIP	
TITLE	P	3.1 TITLE	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRBY, MARGE	3.2 NAME	Larry Wagner
STREET ADDRESS	201 OCEAN DR E	3.3 STREET ADDRESS	201 Ocean Dr. E.
CITY - ST - ZIP	KEY COLONY BCH, FL 00000	3.4 CITY - ST - ZIP	Key Colony Beach, FL 33051-0299
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENEY, MARNIE	4.2 NAME	
STREET ADDRESS	201 OCEAN DRIVE EAST	4.3 STREET ADDRESS	
CITY - ST - ZIP	KEY COLONY BCH, FL 0	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONG-ILLIG, CYNTHIA	5.2 NAME	
STREET ADDRESS	201 E OCEAN DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	KEY COLONY BCH, FL 0	5.4 CITY - ST - ZIP	
TITLE	SD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGDEN, HARRY	6.2 NAME	
STREET ADDRESS	201 OCEAN DR E	6.3 STREET ADDRESS	
CITY - ST - ZIP	KEY COLONY BCH, FL 00000	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Frank Mate, President** *Frank Mate* **3-23-95 305-289-1707**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #