

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 731679 (7)**

1. Corporation Name  
**CASA CLARA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **201 OCEAN DR. EAST  
KEY COLONY BCH FL 33051-0299  
US**

Mailing Address: **PO BO 510299  
KEY COLONY BCH FL 33051-2099  
US**

3. Date Incorporated or Qualified: **01/20/1975**

3a. Date of Last Report: **04/14/1995**

4. FEI Number: **59-1642192**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**STONG-ILLIG, CYNTHIA  
201 E OCEAN DRIVE  
KEY COLONY BCH FL 33051**

10. Name and Address of New Registered Agent (81-85)  
81 Name: **Stong, Cynthia**  
82 Street Address (P.O. Box Number is Not Acceptable): **201 E. OCEAN DR.**  
83  
84 City: **Key Colony Bch** FL 85 Zip Code: **33051**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Cynthia Stong secretary (NOTE: Registered Agent signature required when registering) DATE: **4/8/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MATE, F.</b>	
STREET ADDRESS	<b>201 OCEAN DRIVE EAST</b>	
CITY-ST-ZIP	<b>KEY COLONY BCH, FL 0</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del><b>BROWN, CHARLES</b></del>	
STREET ADDRESS	<b>201 OCEAN DR E</b>	
CITY-ST-ZIP	<b>KEY COLONY BCH, FL 00000</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>WAGNER, LARRY</b>	
STREET ADDRESS	<b>201 OCEAN DR E</b>	
CITY-ST-ZIP	<b>KEY COLONY BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JENEY, MARNIE</b>	
STREET ADDRESS	<b>201 OCEAN DRIVE EAST</b>	
CITY-ST-ZIP	<b>KEY COLONY BCH, FL 0</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>STONG-ILLIG, CYNTHIA</b>	
STREET ADDRESS	<b>201 E OCEAN DRIVE</b>	
CITY-ST-ZIP	<b>KEY COLONY BCH, FL 0</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del><b>OGDEN, HARRY</b></del>	
STREET ADDRESS	<b>201 OCEAN DR E</b>	
CITY-ST-ZIP	<b>KEY COLONY BCH, FL 00000</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>TD EVERETTE, LESLIE</b>
23 STREET ADDRESS	<b>201 OCEAN DR E</b>
24 CITY-ST-ZIP	<b>Key Colony Bch, FL 33051</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>S Stong, Cynthia</b>
53 STREET ADDRESS	<b>201 E OCEAN DR</b>
54 CITY-ST-ZIP	<b>KEY COLONY Bch, FL 33051</b>
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<b>D Kennedy, James</b>
63 STREET ADDRESS	<b>201 OCEAN DR E</b>
64 CITY-ST-ZIP	<b>KEY COLONY Bch, FL 33051</b>

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cynthia Stong Secretary DATE: **4/8/96** 305-743-7333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (12/95)