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FILE NOW: FILING FEE IS \$61.25

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Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33051-0299 US
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3. Date Incorporated or Qualified 01/20/1975	3a. Date of Last Report 04/12/1996
4. FEI Number 59-1642192	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**STONG, CYNTHIA
 201 E OCEAN DR
 KEY COLONY FL 33051**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MATE, F.	
STREET ADDRESS	201 OCEAN DRIVE EAST	
CITY-ST-ZIP	KEY COLONY BCH, FL 0	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	EVERETTE, LESLIE	
STREET ADDRESS	201 OCEAN DR	
CITY-ST-ZIP	KEY COLONY FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WAGNER, LARRY	
STREET ADDRESS	201 OCEAN DR E	
CITY-ST-ZIP	KEY COLONY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JENEY, MARNIE	
STREET ADDRESS	201 OCEAN DRIVE EAST	
CITY-ST-ZIP	KEY COLONY BCH, FL 0	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STONG, CYNTHIA	
STREET ADDRESS	201 E OCEAN DR	
CITY-ST-ZIP	KEY COLONY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KENNEDY, JAMES	
STREET ADDRESS	201 OCEAN DR, E	
CITY-ST-ZIP	KEY COLONY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kennedy, President	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Merriman, Betty	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Moir, Robert	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Brogden, Grant	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____

CR2E037 (9/96)