


FILE NOW: FILING FEE IS \$61.25

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Mar 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>201 OCEAN DR., EAST KEY COLONY BCH FL 33051-0299 US</b>	Mailing Address <b>PO BO 510299 KEY COLONY BCH FL 33051-2099 US</b>
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3. Date Incorporated or Qualified <b>01/20/1975</b>	
4. FEI Number <b>59-1642192</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>STONG, CYNTHIA 201 E OCEAN DR KEY COLONY FL 33051</b>	10. Name and Address of New Registered Agent 81 Name <b>LESLIE EVERETTE</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>201 E. OCEAN DRIVE</b> 83 84 City <b>Key Colony Bch</b> FL 85 Zip Code <b>33051</b>
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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: *Leslie Everett* **C. LESLIE EVERETT, TREASURER** DATE: **3/13/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KENNEDY, PRESIDENT</b>		1.2 NAME	
STREET ADDRESS <b>201 OCEAN DRIVE EAST</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>KEY COLONY BCH, FL 0</b>		1.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>EVERETTE, LESLIE</b>		2.2 NAME	
STREET ADDRESS <b>201 OCEAN DR</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>KEY COLONY FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MERRIMAN, BETTY</b>		3.2 NAME	
STREET ADDRESS <b>201 OCEAN DR E</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>KEY COLONY BEACH FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MOIR, ROBERT</b>		4.2 NAME <b>OGDEN, NARRY</b>	
STREET ADDRESS <b>201 OCEAN DRIVE EAST</b>		4.3 STREET ADDRESS <b>201 E. OCEAN DR.</b>	
CITY-ST-ZIP <b>KEY COLONY BCH, FL 0</b>		4.4 CITY-ST-ZIP <b>Key Colony Bch FL 33051</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>STONY, CYNTHIA</b>		5.2 NAME <b>MOSS, ANDREA</b>	
STREET ADDRESS <b>201 E OCEAN DR</b>		5.3 STREET ADDRESS <b>201 E. OCEAN DR.</b>	
CITY-ST-ZIP <b>KEY COLONY FL</b>		5.4 CITY-ST-ZIP <b>KEY COLONY BH. FL 33051</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BRODGEN, GRANT</b>		6.2 NAME <b>PRESIDENT</b>	
STREET ADDRESS <b>201 OCEAN DR, E</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>KEY COLONY FL</b>		6.4 CITY-ST-ZIP	

14. I 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: *Betty Merriman, Vice pro* **BETTY MERRIMAN V.P.** 3/13/98 305 2891907

CR2E037 (10/97)