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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 731679

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
 01/20/1975

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 59-1642192

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVERETTE, LESLIE
 201 E OCEAN DR
 KEY COLONY BCH FL 33051

81 Name *BRODGEN, GRANT*
 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 *GRANT BRODGEN*

(NOTE: Registered Agent Signature required when reinstating)

4/23/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<i>D</i>	<input type="checkbox"/> DELETE
NAME	KENNEDY, PRESIDENT	
STREET ADDRESS	201 OCEAN DRIVE EAST	
CITY-ST-ZIP	KEY COLONY BCH, FL 0	
TITLE	<i>TD</i>	<input checked="" type="checkbox"/> DELETE
NAME	EVERETTE, LESLIE	
STREET ADDRESS	201 OCEAN DR	
CITY-ST-ZIP	KEY COLONY FL	
TITLE	<i>VP</i>	<input checked="" type="checkbox"/> DELETE
NAME	MERRIMAN, BETTY	
STREET ADDRESS	201 OCEAN DR E	
CITY-ST-ZIP	KEY COLONY BEACH FL	
TITLE	<i>D</i>	<input type="checkbox"/> DELETE
NAME	OGDEN, HARRY	
STREET ADDRESS	201 E OCEAN DR	
CITY-ST-ZIP	KEY COLONY BCH FL 33051	
TITLE	<i>S</i>	<input type="checkbox"/> DELETE
NAME	MOSS, ANDREA	
STREET ADDRESS	201 E OCEAN DR	
CITY-ST-ZIP	KEY COLONY BCH FL 33051	
TITLE	<i>P</i>	<input type="checkbox"/> DELETE
NAME	BRODGEN, GRANT	
STREET ADDRESS	201 OCEAN DR, E	
CITY-ST-ZIP	KEY COLONY FL	

1.1 TITLE	<i>V-P</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<i>TD</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DOENECKE, NORMA	
2.3 STREET ADDRESS	201 E. OCEAN DR.	
2.4 CITY-ST-ZIP	KEY COLONY Bch. FL 33051	
3.1 TITLE	<i>D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JAY KEUNING	
3.3 STREET ADDRESS	201 E. OCEAN DR.	
3.4 CITY-ST-ZIP	KEY COLONY Bch. FL 33051	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: *GRANT BRODGEN* 4/23/99 305-289-1707
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)