

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90576 016 \*\*\*\*61.25

**DOCUMENT # 731679**

1. Entity Name

**CASA CLARA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

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

PO BO 510299  
 KEY COLONY BCH FL 33051-2099  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1642192**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLLINS, WILLIAM JR.**  
**201 E OCEAN DR**  
**KEY COLONY BCH FL 33051**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WAGNER, LAWRENCE</b> <b>201 OCEAN DRIVE EAST</b> <b>KEY COLONY BEACH FL 33051</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COLLINS, WILLIAM JR.</b> <b>201 EAST OCEAN DRIVE</b> <b>KEY COLONY BEACH FL 33051</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DOENECKE, NORMA</b> <b>201 EAST OCEAN DRIVE</b> <b>KEY COLONY BEACH FL 33051</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SPELLMAN, CAROLYN</b> <b>201 E OCEAN DR</b> <b>KEY COLONY BCH FL 33051</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>JENEY, MARJORIE S</b> <b>201 EAST OCEAN DRIVE</b> <b>KEY COLONY BCH FL 33051</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MERRIMAN, BETTY</b> <b>201 OCEAN DR, E</b> <b>KEY COLONY BEACH FL 33051</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EIGE, JOHN J.</b> <b>201 East Ocean Drive</b> <b>Key Colony Beach, FL 33051</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Spellman, Carolyn</b> <b>201 East Ocean Drive</b> <b>Key Colony Beach, FL 33051</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Jeney, Marjorie S.</b> <b>201 East Ocean Drive</b> <b>Key Colony Beach, FL 33051</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*2/15/02* *305-289-1707*

Date

Daytime Phone #

CR2E037 (9/01)