


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 731679
1. Entity Name
CASA CLARA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
201 OCEAN DR., EAST **PO BO 510299**
KEY COLONY BCH, FL 33051-0299 US **KEY COLONY BCH, FL 33051-2099 US**



02142006 No Chg-NP CR2E037 (11/05)

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4. FEI Number Applied For
59-1642192 Not Applicable

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

6. Name and Address of Current Registered Agent
SCHNAKE, RUTH
201 E OCEAN DR
KEY COLONY BCH, FL 33051

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Ruth Schnake, Secretary* 2/15/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | T |
| NAME | MERRIMAN, JOEL |
| STREET ADDRESS | 201 OCEAN DRIVE EAST |
| CITY-ST-ZIP | KEY COLONY BEACH, FL 33051 |
| TITLE | D |
| NAME | WAGNER, LARRY |
| STREET ADDRESS | 201 EAST OCEAN DRIVE |
| CITY-ST-ZIP | KEY COLONY BEACH, FL 33051 |
| TITLE | VP |
| NAME | OGDEN, HARRY |
| STREET ADDRESS | 201 EAST OCEAN DRIVE |
| CITY-ST-ZIP | KEY COLONY BEACH, FL 33051 |
| TITLE | S |
| NAME | SCHNAKE, RUTH |
| STREET ADDRESS | 201 E OCEAN DR |
| CITY-ST-ZIP | KEY COLONY BCH, FL 33051 |
| TITLE | D |
| NAME | GEORGE, LEES |
| STREET ADDRESS | 201 EAST OCEAN DRIVE |
| CITY-ST-ZIP | KEY COLONY BCH, FL 33051 |
| TITLE | P |
| NAME | SMITH, NORVAL |
| STREET ADDRESS | 201 OCEAN DR, E. |
| CITY-ST-ZIP | KEY COLONY BEACH, FL 33051 |

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03/07/06-80024-022 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Ruth Schnake* 2/15/06 (305) 289-1707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #