



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90058 010 ****70.00

| | | | | | |
|--|----------------------------|--|--|---|--|
| DOCUMENT # 731679 | | | |  | |
| 1. Entity 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 - No P.O. Box # | | 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 <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SCHNAKE, RUTH 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | V P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MERRIMAN, JOEL | | NAME | Michael Keith | |
| STREET ADDRESS | 201 OCEAN DRIVE EAST | | STREET ADDRESS | 201 Ocean Drive | |
| CITY-ST-ZIP | KEY COLONY BEACH, FL 33051 | | CITY-ST-ZIP | Key Colony Beach, FL 33051 | |
| TITLE | D.P. | <input type="checkbox"/> Delete | TITLE | AS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WAGNER, LARRY | | NAME | Stephen Wurster | |
| STREET ADDRESS | 201 EAST OCEAN DRIVE | | STREET ADDRESS | 201 E. Ocean Drive | |
| CITY-ST-ZIP | KEY COLONY BEACH, FL 33051 | | CITY-ST-ZIP | Key Colony Beach, FL 33051 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | TITLE | OMB | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | OGDEN, HARRY | | NAME | Allan Dawoff | |
| STREET ADDRESS | 201 EAST OCEAN DRIVE | | STREET ADDRESS | 201 E. Ocean Drive | |
| CITY-ST-ZIP | KEY COLONY BEACH, FL 33051 | | CITY-ST-ZIP | Key Colony Beach, FL 33051 | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHNAKE, RUTH | | NAME | | |
| STREET ADDRESS | 201 E OCEAN DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | KEY COLONY BCH, FL 33051 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GEORGE, LEES | | NAME | | |
| STREET ADDRESS | 201 EAST OCEAN DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | KEY COLONY BCH, FL 33051 | | CITY-ST-ZIP | | |
| TITLE | AS | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, NORVAL | | NAME | | |
| STREET ADDRESS | 201 OCEAN DR, E | | STREET ADDRESS | | |
| CITY-ST-ZIP | KEY COLONY BEACH, FL 33051 | | CITY-ST-ZIP | | |
| 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:  | | | Date: 4/16/08 Daytime Phone #: 305-289-1707 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |