2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006
Secretary of State

DOCUMENT# 739901

Entity Name: CASA PRIMA APARTMENTS ASSOCIATION, INC.

Current Principal Place of Business:

7501 CUMBERLAND RD #24
LARGO, FL 33777

New Principal Place of Business:

1859 SHORE DR. S.
S. PASADENA, FL 33707

Current Mailing Address:

7501 CUMBERLAND RD #24
LARGO, FL 33777

New Mailing Address:

FEI Number: 59-1892891 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDERS, BONNIE
7501 CUMBERLAND RD #24
LARGO, FL 33777 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	SANDERS, BERNARD	
Address:	111 BOARDWALD PL W	
City-St-Zip:	MADEIRA BEACH, FL 33708	
Title:	D	( ) Delete
Name:	KRAUSE, JACK	
Address:	433 BAKER AVE	
City-St-Zip:	SAINT LOUIS, MO 63119	
Title:	D	( ) Delete
Name:	PIERCE, SKIP	
Address:	8540 BARDMOOR PLACE	
City-St-Zip:	LARGO, FL 33777	
Title:	D	( ) Delete
Name:	PIERCE, SHELLEY	
Address:	8540 BARDMOOR PLACE	
City-St-Zip:	LARGO, FL 33777	
Title:	D	( ) Delete
Name:	MORTEEN, JAMES	
Address:	15462 GULF BLVD APT #906	
City-St-Zip:	MADEIRA BCH, FL 337081834	
Title:	S	(X) Delete
Name:	DANDERS, DAVID	
Address:	515 PLAZA SEVILLE #31	
City-St-Zip:	TREASURE ISLAND, FL 33707	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	PIERCE, SHELLEY	
Address:	8540 BARDMOOR PLACE	
City-St-Zip:	LARGO, FL 33777	
Title:	D	(X) Change ( ) Addition
Name:	OLIVER, COLE	
Address:	117 34TH AVE N.	
City-St-Zip:	ST. PETERSBURG, FL 33740	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNARD SANDERS PRES 02/14/2006

Electronic Signature of Signing Officer or Director — Date