

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739901

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: CASA PRIMA APARTMENTS ASSOCIATION, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

7501 CUMBERLAND RD #24  
LARGO, FL 33777

## New Mailing Address:

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

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:

SANDERS, BONNIE  
1859 SHORE DR. S.  
109  
S. PASADENA, FL 33707 US

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:

03/02/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KNOLL, DAVID  
Address: 3902 MARTIN RD.  
City-St-Zip: PLAINFIELD, IN 46168

Title: D ( ) Delete  
Name: SANDERS, BERNARD  
Address: 7501 CUMBERLAND RD #24  
City-St-Zip: LARGO, FL 33777

Title: D ( ) Delete  
Name: PIERCE, SKIP  
Address: 8540 BARDMOOR PLACE  
City-St-Zip: LARGO, FL 33777

Title: S ( ) Delete  
Name: PIERCE, SHELLEY  
Address: 8540 BARDMOOR PLACE  
City-St-Zip: LARGO, FL 33777

Title: D (X) Delete  
Name: PLANTE, AMY  
Address: 1859 SHORE DR. S. #109  
City-St-Zip: S. PASADENA, FL 33707

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ENLOW, EUGENE C  
Address: 5392 SANDHAMN PL.  
City-St-Zip: LONG BOAT KEY, FL 34228

Title: D (X) Change ( ) Addition  
Name: SAVINO, MICHAEL  
Address: 15 MARIA COURT  
City-St-Zip: WADING RIVER, NY 11792

Title: S (X) Change ( ) Addition  
Name: FEZY, MELISSA  
Address: 10220 80TH ST.  
City-St-Zip: PLEASANT PRAIRIE, WI 53158

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BONNIE SANDERS

AGEN

03/02/2009

Electronic Signature of Signing Officer or Director

Date