FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742565 (5)

1. Corporation Name

CASA DEL MAR CONDOMINIUM ASSOCIATION NO. 4 OF ST . PETERSBURG, INC.

Principal Place of Business	Mailing Address
4 OF ST. PETERSBURG. INC. 5901 SUN BLVD SUITE 203 ST. PETERSBURG FL 33715 US	4 OF ST. PETERSBURG. INC. 5901 SUN BLVD SUITE 203 ST. PETERSBURG FL 33715 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 04/25/1978
3a. Date of Last Report: 04/14/1995
4. FEI Number: 59-2020444 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NEWTON, WILLIAM C.
5901 BLVD SUITE 203
ST. PETERSBURG FL 33715

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RYAN, BOB		1.2 NAME		
STREET ADDRESS	5901 SUN BLVD 203		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	POOLER, VICTOR		2.2 NAME		
STREET ADDRESS	5901 SUN BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COVERSE, ERNEST		3.2 NAME		
STREET ADDRESS	5901 SUN BLVD 203		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	4.1 TITLE	Director	☑ Change ☐ Addition
NAME	SNASKIS, SHARON		4.2 NAME	ROBERT OVERBECK	
STREET ADDRESS	5901 SUN BLVD 203		4.3 STREET ADDRESS	5901 SUN BLVD, #203	
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP	ST. PETERSBURG FL. 33715	
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CHRISTENSEN, RAY		5.2 NAME		
STREET ADDRESS	5901 SUN BLVD 203		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 00000		5.4 CITY-ST-ZIP		
TITLE	DVP	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BURGESS, JOSEPH		6.2 NAME		
STREET ADDRESS	5901 SUN BLVD STE 203		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 813-866-3115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #