2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742565

FILED Jan 09, 2006 Secretary of State

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

Current Principal Place of Business:					New Principal Place of Business:				
5901 SUN I	MAR #4 OF S BLVD SUITE SBURG, FL	203	RSBURG, INC. US						
Current Mailing Address:					New Mailing Address:				
CASA DEL MAR #4 OF ST. PETERSBURG, INC. 5901 SUN BLVD SUITE 203 ST. PETERSBURG, FL 33715 US									
FEI Number:	59-2020444	FEI Nun	nber Applied For()	FEI Numbe	er Not Applic	cable ()	Certificate	of Status	Desired ()
Name and	Address of (Current R	egistered Agent:	N	lame and	Address of N	ew Regis	stered Ag	ent:
5901 BLVĎ	WILLIAM C. SUITE 203 SBURG, FL	33715	US						
The above in the State		submits tl	nis statement for the	purpose of c	hanging its	s registered of	fice or req	gistered a	gent, or both,
SIGNATUR	E:								
	Electro	nic Signat	ure of Registered Ag	ent			D	ate	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	VPD (WEIR, LOIS 5901 SUN BLV SAINT PETER:		33715	Ni Ad	itle: ame: ddress: ity-St-Zip:	()	Change()) Addition	
Title: Name: Address: City-St-Zip:	D (FRASER, AND 5901 SUN BLV SAINT PETER:	/D 203	33715	Ni Ad	itle: ame: ddress: ity-St-Zip:	()	Change()) Addition	
Title: Name: Address: City-St-Zip:	D (MULLEN, DICK 5901 SUN BLV SAINT PETER:	/D 203	33715	N: Ad	itle: ame: ddress: ity-St-Zip:	()	Change()) Addition	
Title: Name: Address: City-St-Zip:	TRS (NOVAC, GEOF 5901 SUN BLV SAINT PETER:	/D., #203	33715	N: Ad	itle: ame: ddress: ity-St-Zip:	TRS (X) PATTON, ROBE 5901 SUN BLVD SAINT PETERSE	., #203		
Title: Name: Address: City-St-Zip:	PD (WILSON, KAR 5901 SUN BLV SAINT PETER:	/D 203	33715	N: Ad	itle: ame: ddress: ity-St-Zip:	()	Change()) Addition	

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: DICK MULLEN D 01/09/2006