

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748947

FILED  
Mar 05, 2006  
Secretary of State

**Entity Name:** CASA NICOLE ASSOCIATION, INC.

**Current Principal Place of Business:**

10055 BISCAYNE BLVD.  
MIAMI SHORES, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

10055 BISCAYNE BLVD.  
MIAMI SHORES, FL 33138

**New Mailing Address:**

**FEI Number:** 65-0526343

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DENTICO, JAMES  
10055 BISCAYNE BLVD.  
MIAMI SHORES, FL 33138 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: PD ( ) Delete  
Name: DENTICO, JAMES,  
Address: 10055 BISCAYNE BLVD.  
City-St-Zip: MIAMI SHORES, FL

Title: D ( ) Delete  
Name: DENTICO, PATRICK,  
Address: 9280 BISCAYNE BLVD.  
City-St-Zip: MIAMI SHORES, FL

Title: STD ( ) Delete  
Name: DENTICO, JANE,  
Address: 10055 BISCAYNE BLVD.  
City-St-Zip: MIAMI SHORES, FL

Title: V ( ) Delete  
Name: DENTICO, FRANK,  
Address: 9280 BISCAYNE BLVD.  
City-St-Zip: MIAMI SHORES, FL

**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: ( ) 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: JAMES DENTICO

PRES

03/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date