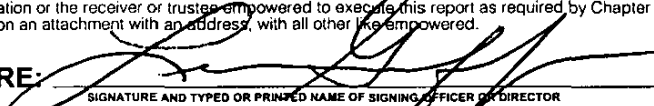


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90037 036 \*\*\*\*61.25

<b>DOCUMENT # 749665</b> 1. Entity Name <b>THE CASTILLIAN CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 4545 GULF OF MEXICO DR. LONGBOAT KEY, FL 34228			Mailing Address 595 BAY ISLES RD SUITE 200 LONGBOAT KEY, FL 34228		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2071550</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BETH CALLANS MGMT., CORP</b> <b>595 BAY ISLES RD.</b> <b>SUITE 200</b> <b>LONGBOAT KEY, FL 34228</b>				Name <b>CASEY CONDOMINIUM MANAGEMENT</b> Street Address (P.O. Box Number is Not Acceptable) <b>43702 S. TAMiami TR #102</b> City <b>SARASOTA</b> FL Zip Code <b>34231</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <b>Melissa Johnson</b> <b>Property Manager</b> <b>4/15/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee: \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CANNIN, TERESA</b> <b>4545 GULF OF MEXICO DR</b> <b>LONGBOAT KEY, FL 34228</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRIFFINI, LISA</b> <b>4545 GULF OF MEXICO DR</b> <b>LONGBOAT KEY, FL 34228</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SIMMONS, HENRY</b> <b>4545 GULF OF MEXICO DR. #204</b> <b>LONGBOAT KEY, FL 34228</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEVY, JERRY</b> <b>4545 GULF OF MEXICO DR</b> <b>LONGBOAT KEY, FL 34228</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>RILEY, LEE</b> <b>4545 GULF OF MEXICO DR</b> <b>LONGBOAT KEY, FL 34228</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>margaret Boems</b> <b>4545 Gulf of mexico Drive #307</b> <b>Longboat key, FL 34228</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Jeff Coffaro</b> <b>4525 Gulf of mexico Drive #101</b> <b>Longboat key, FL 34228</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>4-25-08</b> <b>941-980-3341</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					