2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# 752226

Entity Name: CASA CASELLES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1616 ATLANTIC BLVD. #21
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1616 ATLANTIC BLVD. #21
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 59-2164823 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRIS, EDDIE
1616 ATLANTIC BLVD
#11
KEY WEST, FL 33040 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:	P	( ) Delete
Name:	MORRIS, EDDIE	
Address:	1616 ATLANTIC BLVD. #11	
City-St-Zip:	KEY WEST, FL 33040	
Title:	S	( ) Delete
Name:	HINDEN, IRENE	
Address:	1616 ATLANTIC BLVD. #2	
City-St-Zip:	KEY WEST, FL 33040	
Title:	S	(X) Delete
Name:	WILKINS, LYNN	
Address:	1616 ATLANTIC BLVD. #12	
City-St-Zip:	KEY WEST, FL 33040	
Title:	TD	( ) Delete
Name:	PARLIAMENT, TOM	
Address:	P.O. BOX 148	
City-St-Zip:	KEY WEST, FL 33041	
Title:	D	( ) Delete
Name:	KEY, HUGH	
Address:	1616 ATLANTIC BLVD 3	
City-St-Zip:	KEY WEST, FL 33040	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

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:	T	(X) Change ( ) Addition
Name:	PARLIAMENT, TOM	
Address:	P.O. BOX 148	
City-St-Zip:	KEY WEST, FL 33041	
Title:	V	(X) Change ( ) Addition
Name:	KEY, HUGH	
Address:	1616 ATLANTIC BLVD 3	
City-St-Zip:	KEY WEST, FL 33040	
Title:	D	( ) Change (X) Addition
Name:	JON, ALLEN	
Address:	1616 ATLANTIC BLVD #20	
City-St-Zip:	KEY WEST, FL 33040	

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: EDDIE MORRIS P 01/20/2009

Electronic Signature of Signing Officer or Director — Date