

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752226

FILED  
Jan 07, 2011  
Secretary of State

**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  
Name: MORRIS, EDDIE  
Address: 1616 ATLANTIC BLVD. #11  
City-St-Zip: KEY WEST, FL 33040

Title: S  
Name: HINDEN, IRENE  
Address: 1616 ATLANTIC BLVD. #2  
City-St-Zip: KEY WEST, FL 33040

Title: T  
Name: PARLIAMENT, TOM  
Address: P.O. BOX 148  
City-St-Zip: KEY WEST, FL 33041

Title: V  
Name: KEY, HUGH  
Address: 1616 ATLANTIC BLVD 3  
City-St-Zip: KEY WEST, FL 33040

Title: D  
Name: JON, ALLEN  
Address: 1616 ATLANTIC BLVD #20  
City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

SIGNATURE: EDDIE MORRIS

PRES

01/07/2011

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

\_\_\_\_\_  
Date