

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752769

FILED
Apr 07, 2009
Secretary of State

Entity Name: CASA DE PLAYA OF LAKE WORTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

111 NORTH L STREET
P.O. BOX 290
LAKE WORTH, FL 33460 US

New Principal Place of Business:

111 NORTH L STREET
LAKE WORTH, FL 33460 US

Current Mailing Address:

P.O. BOX 290
LAKE WORTH, FL 33462 US

New Mailing Address:

P.O. BOX 290
LAKE WORTH, FL 33460 US

FEI Number: 59-2080451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANEFSKY, ILENE
111 N. L ST. #5
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

KANEFSKY, ILENE
111 N. L ST. #6
LAKE WORTH, FL 33460 US

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:

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAJOR, THEODORE
Address: 111 N LAKE ST 3
City-St-Zip: LAKE WORTH, FL 33460

Title: SD () Delete
Name: AMOROSO, GINA
Address: 111 N L ST #2
City-St-Zip: LAKE WORTH, FL 33460

Title: PD () Delete
Name: KANEFSKY, ILENE
Address: 111 N. L ST #6
City-St-Zip: LAKE WORTH, FL 33460

Title: VD (X) Delete
Name: SCHMIDT, SARA
Address: 111 N L ST #7
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KANEFSKY, ILENE
Address: 111 N L ST #6
City-St-Zip: LAKE WORTH, FL 33460 US

Title: SD (X) Change () Addition
Name: AMOROSO, GINA
Address: 111 N L ST #2
City-St-Zip: LAKE WORTH, FL 33460 US

Title: VD (X) Change () Addition
Name: MILLER, SUSAN
Address: 111 N. L ST #7
City-St-Zip: LAKE WORTH, FL 33460 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SUSAN MILLER

VD

04/07/2009

Electronic Signature of Signing Officer or Director

Date