# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # 753126 (2)**

1. Corporation Name

**CASARINA CONDOMINIUM ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 5880 MIDNIGHT PASS ROAD<br>SARASOTA FL 34242 | 5880 MIDNIGHT PASS ROAD<br>SARASOTA FL 34242 |

3. Date Incorporated or Qualified: 06/26/1980
3a. Date of Last Report: 05/16/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2217899 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

~~JUDD, STEVEN H.~~ L. Gwynne Ellison
~~2940 SOUTH TAMIAMI TRAIL~~ 5880 Midnight Pass
SARASOTA FL 34239

**10. Name and Address of New Registered Agent**

81 Name: L. Gwynne Ellison
82 Street Address (P.O. Box Number is Not Acceptable): 5880 Midnight Pass Rd
83: c/o Casarina
84 City: Sarasota FL 85 Zip Code: 34242

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: L. Gwynne Ellison — 5/28/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BUCHALTR, CORINNE | | 1.2 NAME | | |
| STREET ADDRESS | 5880 MIDNIGHT PASS RD | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | ~~SD~~ Director | ☐ DELETE | 2.1 TITLE | Director - Secretary | ☒ Change ☐ Addition |
| NAME | ~~FENDRICK, ALAN B~~ OK | | 2.2 NAME | Raymond Martz | |
| STREET ADDRESS | 5880 MIDNIGHT PASS RD | | 2.3 STREET ADDRESS | 5880 Midnight Pass RD | |
| CITY-ST-ZIP | SARASOTA FL | | 2.4 CITY-ST-ZIP | Sarasota FL 34242 | |
| TITLE | TD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BURGESS ROBERT | | 3.2 NAME | | |
| STREET ADDRESS | 5880 MIDNIGHT PASS RD | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | PD | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RUMANA, ROBERT | | 4.2 NAME | | |
| STREET ADDRESS | 5880 MIDNIGHT PASS RD | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | 200001855512 | ☒ Change ☐ Addition |
| NAME | SYLVESTER, WILLIAM | | 5.2 NAME | -06/07/96--01040--011 | |
| STREET ADDRESS | 5880 MIDNIGHT PASS RD. | | 5.3 STREET ADDRESS | ***70.00 | |
| CITY-ST-ZIP | SARASOTA FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FLOYD, GRACE | | 6.2 NAME | | |
| STREET ADDRESS | 5880 MIDNIGHT PASS RD | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL | | 6.4 CITY-ST-ZIP | | |

6-7-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Grace L. Floyd — 5/1/96 — 941-346-0365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)