FILE NOW: FILING FEE IS $61.25

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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 SARASOTA FL 34242	5880 MIDNIGHT PASS ROAD SARASOTA FL 34242

3. Date Incorporated or Qualified: 06/26/1980

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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KLINE, JACK
5880 MIDNIGHT PASS ROAD
C/O CASARINA
SARASOTA FL 34242

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	D President	☐ Change ☒ Addition
NAME	SOSCIA, LOUIS M		1.2 NAME	Jame V. Hail	
STREET ADDRESS	5880 MIDNIGHT PASS RD		1.3 STREET ADDRESS	5880 Midnight Pass Rd.	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	Sarasota, Fl. 34242	
TITLE	SD	☒ DELETE	2.1 TITLE	D V. President	☐ Change ☒ Addition
NAME	HALL, JAMES V		2.2 NAME	Carol Longley	
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	D Secretary	☐ Change ☒ Addition
NAME	MOSER, THOMAS		3.2 NAME	Robert Burgess	
STREET ADDRESS	5880 MIDNIGHT PASS RD		3.3 STREET ADDRESS	5880 Midnight Pass Rd.	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	Sarasota, Fl. 34242	
TITLE	PD	☒ DELETE	4.1 TITLE	D Treasurer	☐ Change ☒ Addition
NAME	CARPENTER, LEE C		4.2 NAME	Grace Floyd	
STREET ADDRESS	5880 MIDNIGHT PASS RD		4.3 STREET ADDRESS	5880 Midnight Pass Rd.	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	Sarasota, Fl. 34242	
TITLE	VDTD	☒ DELETE	5.1 TITLE	D Board Member	☐ Change ☒ Addition
NAME	LONGLEY, CAROL K		5.2 NAME	Steve Steiler	
STREET ADDRESS	5880 MIDNIGHT PASS RD		5.3 STREET ADDRESS	5880 Midnight Pass Rd.	
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP	Sarasota, Fl. 34242	
TITLE		☐ DELETE	6.1 TITLE	D Board Member	☐ Change ☒ Addition
NAME			6.2 NAME	Tom Moser	
STREET ADDRESS			6.3 STREET ADDRESS	5880 Midnight Pass Rd.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Sarasota, Fl. 34242	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jack Kline EQUALS Jack Kline 1/6/98 346 0365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #