NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 753126**

1. Corporation Name

## CASARINA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

26

5880 MIDNIGHT PASS ROAD SARASOTA FL 34242

2. Principal Place of Business

21

5880 MIDNIGHT PASS ROAD SARASOTA FL 34242

## **FILED** Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90137 024 \*\*\*\*61.25

<b>11) ( 1) ( 1) ( 1) ( 1) ( 1)</b>	EDDA BUSI BEDIA DEBIA	DIBLI BIBBI BIB	

3. Date Incorporated or Qualifed

06/26/1980

C 4: A=	# -4-	Suite, Apt. #, etc.		4. FEI Number	Applied For				
Suite, Apt.	#, etc.	27		59-2217899	Not Applicable				
		City & State		_	\$8.75 Additional				
· · · · · · · · · · · · · · · · ·		28		Certifcate of Status Desired	Fee Required				
<b>23</b> Zip	Country	Zip	Country	6. Election Campaign Financing	\$5,00 May Be				
24	25	29 30	7	Trust Fund Contribution	Added to Fees				
	9. Name and Address of Current			10. Name and Address of New Registered A	gent				
**			81 Name	Timothy Hoover					
KLINE INCK			82 Street A	Address (P.O. Box Number is Not Acceptable)					
KLINE, JACK 5880 MIDNIGHT PASS ROAD				80 Midnisht Pass Ro	rice				
C/O CASARINA			83 /	Casa Rina	_				
SARASOTA FL 34242			84 City	L' Casa Kina	85 Zip Code				
SANASUTA FL 34242				ovasata FL	34242				
11. Pursuant	to the provisions of Sections 617 0502	and 617.1508, Florida Statutes,	the above-named of	corporation submits this statement for the purpose of cl	nanging its registered				
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered by the corporation of corporation of the corpor									
	III laly liai with, and accept the opingali	0113 011 000101 01 10000 11 10 10 10 10 10 1	-les Hanse	- 1 Coneral Manager 2-11-	-99				
SIGNATURE	Signated Types or printed the of egistered agent	and title if applicable (NOTE Re	gistered Agent signature re	Manager 3-11- Splured when reinstating)  DATE	<u></u>				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12				
TITLE	DP	X DELETE	1 1 TITLE		Change Addition				
NAME	HALL, JAME V	,	1 2 NAME	Grace Floyd					
STREET ADDRESS	5880 MIDNIGHT PASS RD.		1 3 STREET ADDRESS	5550 Midnight Pass Rd.					
CITY-ST-ZIP	SARASOTA FL 34242	,	14 CITY-ST-ZIP	Sarasota, F1. 39242					
TITLE	DVP	DELETE	2 1 TITLE	アイン /グユ	☐ Change				
NAME	LONGLEY, CAROL		22 NAME	Donald Schafer Pass Rd.					
STREET ADDRESS	5880 MIDNIGHT PASS RD		2 3 STREET ADDRESS	6880 Midnight Pass Ed.					
CITY-ST-ZIP	SARASOTA FL 39242	,	2 4 CITY-ST-ZIP	Sarasota, Fl. 34242					
TITLE	DS	₩ DELETE	31 TITLE	$\mathcal{N} \subseteq$	☐ Change ☐ Addition				
NAME	BURGESS, ROBERT		3.2 NAME	Robert Richards Accord					
STREET ADDRESS	5880 MIDNIGHT PASS ROAD		3.3 STREET ADDRESS	Robert Kierrards Ross Rd.					
CITY-ST-ZIP	SARASOTA FL 34242		34 CITY-ST-ZIP	Sarasota, Fr. 34092					
TITLE	DT	☐ DELETE	41TITLE		Change X Addition				
NAME	FLOYD, GRACE		4 2 NAME	Alan Floyd 3850 midnight Dass Rd.					
STREET ADDRESS	5880 MIDNIGHT PASS ROAD		4.3 STREET ADDRESS	5880 Midnight					
CITY-ST-ZIP	SARASOTA FL 34242	/	4.4 CITY-ST-ZIP	Saraseta, Fr. 39 240					
TITLE	D	VØ DELETE	5 I TITLE		Change Addition				
NAME	STEILER, STEVE	/	5 2 NAME						
STREET ADDRESS	5880 MIDNIGHT PASS ROAD		53 STREET ADDRESS		•				
CITY-ST-ZIP	SARASOTA FL 34242		54 CITY-ST-ZIP						
TITLE	D	DELETE	61 TITLE		☐ Change ☐ Addition				
NAME	MOSER, TOM	•	6 2 NAME		ļ				
STREET ADDRESS	5880 MIDNIGHT PASS ROAD		63 STREET ADDRESS						
CITY-ST-ZIP	SARASOTA FL 34242		64 CITY-\$T-ZIP						

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, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR