2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State
02-17-2004 90037 013 ****61.25

DOCUMENT # 753126

1. Entity 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

MOORE CR2E037 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LACEY, JEFFREY P 5880 MIDNIGHT PASS ROAD C/O CASARINA OFFICE SARASOTA FL 34242	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Robert W Burgess President 2/5/04

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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BURGESS, ROBERT 5880 MIDNIGHT PASS RD. SARASOTA FL 34242	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STIELER, STEVE 5880 MIDNIGHT PASS RD SARASOTA FL 34242	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RICHARDS, ROBERT 5880 MIDNIGHT PASS ROAD SARASOTA FL 34242	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Sandra Montgomery 5880 Midnight Pass Rd Sarasota, FL 34242 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MONTGOMERY, SANDRA 5880 MIDNIGHT PASS ROAD SARASOTA FL 34242	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Ruhl, ED 5880 Midnight Pass Rd Sarasota, FL 34242 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LARICHE, LOUIS 5880 MIDNIGHT PASS ROAD SARASOTA FL 34242	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUHL, ED 5880 MIDNIGHT PASS ROAD SARASOTA FL 34242	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Malara, Tony 5880 Midnight Pass Rd Sarasota, FL 34242 ☑ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert W Burgess ROBERT W. BURGESS 2/5/04 PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #