2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT

DOCUMENT # 753126

1. Entity Name
CASARINA CONDOMINIUM ASSOCIATION, INC.

FILED
06 OCT 13 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5880 MIDNIGHT PASS ROAD SARASOTA, FL 34242	5880 MIDNIGHT PASS ROAD SARASOTA, FL 34242

10052006 REIN-NP CR2E099 (11/05)

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

LACEY, JEFFREY P
5880 MIDNIGHT PASS ROAD
C/O CASARINA OFFICE
SARASOTA, FL 34242

7. Name and Address of New Registered Agent

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 _____ 10/9/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2007, Fee will be $297.50

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 MALARA, ANTHONY C 5880 MIDNIGHT PASS RD #701 SARASOTA, FL 34242	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP-S KLOSTERMAN, RONALD D. 5880 MIDNIGHT PASS RD #203 SARASOTA, FL 34242 ☐ 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 MONTGOMERY, SANDRA 5880 MIDNIGHT PASS ROAD SARASOTA, FL 34242	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TARNNI, LEW 5880 MIDNIGHT PASS RD. #310 SARASOTA, FL 34242 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FENDRICK, BEVERLY 5880 MIDNIGHT PASS RD #711 SARASOTA, FL 34242	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEFEO, SANDRA 5880 MIDNIGHT PASS RD #501 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 400080815954 10/13/06--01011--009 **245.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BURGESS, ROBERT 5880 MIDNIGTH PASS RD #207 SARASOTA, FL 34242	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUHL, EDWARD 5880 MIDNIGHT PASS RD # 508 SARASOTA, FL 34242 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ronald D Klosterman VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JC 10/18