2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#753126

FILED Jul 09, 2007 Secretary of State

Entity Name: CASARINA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 5880 MIDNIGHT PASS ROAD SARASOTA, FL 34242 **Current Mailing Address: New Mailing Address:** 5880 MIDNIGHT PASS ROAD SARASOTA, FL 34242 FEI Number: 59-2217899 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LACEY, JEFFREY P 5880 MIDNIGHT PASS ROAD C/O CASARINA OFFICE SARASOTA, FL 34242 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **VPS** (X) Change () Addition () Delete KLOSTERMAN, RONALD D KLOSTERMAN, RONALD D Name: Name: 5880 MIDNIGHT PASS ROAD # 203 Address: 5880 MIDNIGHT PASS ROAD # 203 Address: City-St-Zip: SARASOTA, FL 34242 US City-St-Zip: SARASOTA, FL 34242 US Title: () Delete Title: () Change () Addition STIELER, STEVE Name: Name: Address: 5880 MIDNIGHT PASS RD Address: City-St-Zip: SARASOTA, FL 34242 City-St-Zip: Title: () Delete Title: (X) Change () Addition TARLINI, LEW Name: TARLINI, LEW Name: 5880 MIDNIGHT PASS ROAD # 310 5880 MIDNIGHT PASS ROAD # 310 Address: Address: City-St-Zip: SARASOTA, FL 34242 City-St-Zip: SARASOTA, FL 34242 Title: () Delete Title: (X) Change () Addition Name: DEFEO, SANDRA Name: DEFEO, SANDRA 5880 MIDNIGHT PASS ROAD # 801 5880 MIDNIGHT PASS ROAD # 801 Address: Address: City-St-Zip: SARASOTA, FL 34242 City-St-Zip: SARASOTA, FL 34242 Title: () Delete Title: () Change () Addition LARICHE, LOUIS Name: Name: 5880 MIDNIGHT PASS ROAD Address: Address: City-St-Zip: SARASOTA, FL 34242 City-St-Zip: Title: () Delete Title: () Change () Addition RUHL. EDWARD Name: Name: Address: 5880 MIDNIGHT PASS ROAD # 508 Address: SARASOTA, FL 34242 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD KLOSTERMAN S 07/09/2007