2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jan 13, 2003 8:00 am **Secretary of State** DOCUMENT # 753126 1. Entity Name 01-13-2003 90095 009 ****61.25 CASARINA CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 5880 MIDNIGHT PASS ROAD 5880 MIDNIGHT PASS ROAD SARASOTA FL 34242 SARASOTA FL 34242 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2217899 Applied For Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LACEY, JEFFREY P Street Address (P.O. Box Number is Not Acceptable) 5880 MIDNIGHT PASS ROAD C/O CASARINA OFFICE SARASOTA FL 34242 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 agent and title if applicable TE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLÉ □ Delete TITLE Change ☐ Addition **BURGESS, ROBERT** NAME NAME STREET ADDRESS 5880 MIDNIGHT PASS RD. STREET ADDRESS E037 CITY-ST-ZIP SARASOTA FL 34242 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME Stieler, Steve NAME 5880 MIDNIGHT PASS RD STREET ADDRESS STREET ADDRESS CTTY-ST-7IP SARASOTA FL 34242 CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition RICHARDS, ROBERT NAME NAME STREET ADDRESS **5880 MIDNIGHT PASS ROAD** STREET ADDRESS CITY-ST-ZIF SARASOTA FL 34242 CITY-ST-ZIP TITLE Delete VICE PRESIDENT TITLE Change ☐ Addition SABLER, ROBERT SANDRA MONTGOMER NAME NAME 5880 MIONIGHT PASS ROAD STREET ADDRESS 5880 MIDNIGHT PASS ROAD STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34242 CITY-ST-ZIP SARASOTA , FL 34242 TITLE Delete TITLE DIRECTOR Change Change ☐ Addition MONTGOMERY, SANDRA NAME LOUIS LA RICHE NAME 5880 MIDNIGHT PASS ROAD STREET ADDRESS STREET ADDRESS 5880 MIDNIGHT PASS ROAD CITY-ST-ZIP SARASOTA FL 34242 CITY-ST-ZIP SARASOTA, FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition RUHL, ED NAME NAME

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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

5880 MIDNIGHT PASS ROAD

SARASOTA FL 34242

STREET ADDRESS

94413412 0365

FILED