
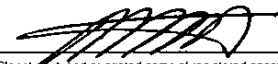
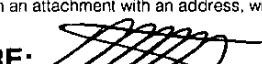


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90568 038 ****61.25

DOCUMENT # 758223			
1. Entity Name CASA ENCANTADA CONDOMINIUM ASSOCIATION, INC.		Principal Place of Business 340 BRAZILIAN AVE PALM BEACH, FL 33480 US	
Mailing Address 2994 JOG ROAD, SUITE B LAKE WORTH, FL 33467		2. Principal Place of Business	
Suite, Apt. #, etc.		3. Mailing Address 223 SUNSET AVE Suite, Apt. #, etc. SUITE # 110	
City & State PALM BEACH FL		03152005 Chg-NP CR2E037 (10/03)	
Zip 33480		4. FEI Number 59-2377169	
Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CNC MANAGEMENT, INC 2994 JOG ROAD, SUITE B LAKE WORTH, FL 33467		7. Name and Address of New Registered Agent Name LIST MANAGEMENT CO Street Address (Box Numbers Not Acceptable) 223 SUNSET AVE #110 City PALM BEACH FL Zip Code 33480	
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  MARTIN LIST		4/27/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD HERNANDEZ, OSCAR 340 BRAZILIAN AVE., #203 PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Hernandez, Oscar 340 Brazilian Ave #203 Palm Beach FL 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HANFORD, LOUISE 340 BRAZILIAN AVE., #202 PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Hanford, Louise 340 Brazilian Ave #202 Palm Beach, FL 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARLSON, RICHARD 340 BRAZILIAN AVE., #201 PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO Carlson, Richard 340 Brazilian Ave #201 Palm Beach, FL 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRIPPEN, LEWIS 340 BRAZILIAN AVE PALM BCH, FL 32480 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Craigh, Nancy 340 Brazilian Ave #301 (Director) Palm Beach, FL 33480 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SNEIDER, RAYMOND DR. 340 BRAZILIAN AVE., #102 PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	McLurrach, Dany 340 Brazilian Ave #101 (Secretary) Palm Beach, FL 33480 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: 		4/27/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	