


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 761331</b> 1. Entity Name <b>CASABLANCA CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>ONE 15TH AVENUE INDIAN ROCKS BECH, FL 33785 US</b>	Mailing Address <b>P.O. BOX 664 INDIAN ROCKS BECH, FL 33785 US</b>
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01092006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2417879</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fees Required	

6. Name and Address of Current Registered Agent  <b>GREENWOOD, SAMUEL N 4117 CYPRESS BAYOU DRIVE TAMPA, FL 33624</b>
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IN THIS SPACE**

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

<b>Filing Fee is \$81.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000502945 04/26/06-20013-007 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO GREENWOOD, SAMUEL N PO BOX 664 INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CUTT, ANN P.O. BOX 664 INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONES, LYNN P O BOX 664 INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENRY, WILLIAM PO BOX 664 INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:** *Samuel N Greenwood* **SAMUEL N GREENWOOD** **4/6/06 (813) 960-7005**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR