2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# 761321

Entity Name: CASABLANCA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

ONE 15TH AVENUE
INDIAN ROCKS BECH, FL 33785 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 664
INDIAN ROCKS BECH, FL 33785 US

New Mailing Address:

FEI Number: 59-2417879 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREENWOOD, SAMUEL N
4117 CYPRESS BAYOU DRIVE
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

GREENWOOD, SAMUEL N
4117 CYPRESS BAYOU DRIVE
TAMPA, FL 33618 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: _____ 04/10/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: GREENWOOD, SAMUEL N
Address: PO BOX 664
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: SD ( ) Delete
Name: CUTT, ANN
Address: P.O. BOX 664
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: V ( ) Delete
Name: JONES, LYNN
Address: P O BOX 664
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: PD ( ) Delete
Name: HENRY, WILLIAM
Address: PO BOX 664
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SAMUEL N GREENWOOD TD 04/10/2007
Electronic Signature of Signing Officer or Director — Date