2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# 765228

Entity Name: CASA 214 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

214 CHILIAN AVE.
#H
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

214 CHILIAN AVE.
#H
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 59-2150633 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DICKER, KRIVOK & STOLOFF, P.A.
1818 AUSTRALIAN AVE., SOUTH STE. #400
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: BUSH, LARRY
Address: 214 CHILIAN AVENUE
City-St-Zip: PALM BEACH, FL 33480

Title: VPD ( ) Delete
Name: LAGORCE, JOHN
Address: 214 CHILEAN AVE UNIT C
City-St-Zip: PALM BEACH, FL 33480

Title: DT ( ) Delete
Name: SMITH, KIMBERLY
Address: 214 CHILEAN UNIT K
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR (X) Change ( ) Addition
Name: BUSH, LARRY M MD
Address: 214 CHILIAN AVENUE
City-St-Zip: PALM BEACH, FL 33480

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: LARRY BUSH, MD PR 04/12/2007

Electronic Signature of Signing Officer or Director — Date