


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 766268 1. Entity Name CASA ESTAMAR CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1249 SE 8TH ST APT #3 CAPE CORAL, FL 33990	Mailing Address 1249 SE 8TH ST APT #3 CAPE CORAL, FL 33990
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01082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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 BAKOS, ROSE 1249 SE 8TH ST APT #3 CAPE CORAL, FL 33990

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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 <u>Rosemarie Bakos</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relocating)</small>	DATE <u>1-10-06</u>

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SHAHID, RASOOL 1245 SE 8TH ST APT #F CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BAKOS, ROSE 1249 SE 8TH ST APT 3 CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VO BAKOS, JOHN 1249 SE 8TH ST APT 3 CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/13/06-80021-013 61.25

**DO NOT WRITE
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 <u>Rosemarie Bakos</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>1-10-06</u> Daytime Phone # <u>239-772-5924</u>