


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 766268 1. Entity Name CASA ESTAMAR CONDOMINIUM ASSOCIATION, INC.			
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	
2. Principal Place of Business - No P.O. Box # State, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/07)

4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, JOSEPH E ESQ. BECKER & POLIAKOFF, P.A. 14241 METROPOLIS AVENUE, SUITE 100 FORT MYERS FL 33912		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 (Not applicable) (NOTE: Registered Agent signature required when restructuring)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	STD SHAHID, RASOOL <input type="checkbox"/> Delete	TITLE	U00000797493 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAHID, RASOOL	NAME	01/29/08-80076-003 61.25
STREET ADDRESS	1245 SE 8TH ST APT #F	STREET ADDRESS	
CITY- ST- ZIP	CAPE CORAL FL	CITY- ST- ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKOS, ROSE	NAME	
STREET ADDRESS	1249 SE 8TH ST APT 3	STREET ADDRESS	
CITY- ST- ZIP	CAPE CORAL FL	CITY- ST- ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKOS, JOHN	NAME	
STREET ADDRESS	1249 SE 8TH ST APT 3	STREET ADDRESS	
CITY- ST- ZIP	CAPE CORAL FL	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Joseph Adams* *John Bakos* 1-29-08 239-772-5924