

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767185

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: CASA RIO CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

368 NORTHWEST 14TH PLACE  
CRYSTAL RIVER, FL 34428 US

**New Principal Place of Business:**

**Current Mailing Address:**

368 NORTHWEST 14TH PLACE  
CRYSTAL RIVER, FL 34428 US

**New Mailing Address:**

FEI Number: 59-2316400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HERIG, BOB  
383 NW 14TH PL  
UNIT 8  
CRYSTAL RIVER, FL 34428 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: HERIG, BOB  
Address: 383 NW 14TH PL UNIT 8  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: D ( ) Delete  
Name: SCHRADE, JEFFREY S  
Address: 364 NW 14TH PLACE  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: TD ( ) Delete  
Name: CANTRELL, BECKIE  
Address: 370 NW 14TH PLACE  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: D ( ) Delete  
Name: CONNELLY, MICHAEL  
Address: 4881 NW 69TH ST.  
City-St-Zip: OCALA, FL 34482

Title: SD ( ) Delete  
Name: CARTER, RONNIE  
Address: 1956 SE CLATTERBRIDGE RD.  
City-St-Zip: OCALA, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TD (X) Change ( ) Addition  
Name: CANTRELL, CHARLES  
Address: 4700 NE 97TH ROAD  
City-St-Zip: ANTHONY, FL 32617

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 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: BOB HERIG

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date