2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2006
Secretary of State

DOCUMENT# N01000004795

Entity Name: CASA ROMA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3 CASA ROMA LANE
#3
KEY WEST, FL 33040

New Principal Place of Business:

3 CASA ROMA LANE
KEY WEST, FL 33040

Current Mailing Address:

3 CASA ROMA LANE
#3
KEY WEST, FL 33040

New Mailing Address:

324 WILLIAM ST
KEY WEST, FL 33040

FEI Number: 01-0630906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MELLONCAMP, KEVIN
3 CASA ROMA LANE
#3
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

MELLONCAMP, KEVIN
324 WILLIAM ST
KEY WEST, FL 33040 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: _____ 01/04/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TSD ( ) Delete
Name: MELLONCAMP, KEVIN
Address: 3 CASA ROMA LANE, #3
City-St-Zip: KEY WEST, FL 33040

Title: PD ( ) Delete
Name: LYON, DAUN E
Address: 282 N. PINE CREEK ROAD
City-St-Zip: FAIRFIELD, CT 06824

Title: VD ( ) Delete
Name: GLOSSMAN, MICHAEL
Address: 2784 N. ROOSEVELT AVE
City-St-Zip: KEY WEST, FL 33040

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:

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: KEVIN MELLONCAMP SECY 01/04/2006
Electronic Signature of Signing Officer or Director — Date