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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF AT

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May 30 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N01418

(5)

CASA CAYO CONDOMINIUM ASSOCIATION, INC.

	CATO CONDOMINIUM ASSI	OCIATION, ING.				
Principal Plac	e of Business	Mailing Address			0   1   1   1   1   1   1   1   1   1	
1500 OVERSEA MARATHON FL		1500 OVERSEAS HWY MARATHON FL 33050-2167				
				3. Date Incorporated or Qualified 02/13/1984	3a. Date of Last Report 03/08/1996	
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2692987	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & Stat	n	City & State		6 Floation Compaign Financia	Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for in		
24	25		30		Yes No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	istered Agent	
li.			81 Name	NSWEET. Robert		
SANSWEET, ROBERT			82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)		
1500 OVERSEAS HWY 203			B3 11 A 4	15 6th Ave Gulf		
MARATI	10N FL 33050		63			
			B4 City	arathon	FL 85 Zip Code	
11. Pyrsuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	s, the above-named	corporation submits this statement for the pr	irnose of changing its registered	
office or r agent. La	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was at Itions of, Section 617.0503, Flor	ithorized by the corp ida Statutes.	oration's board of directors. I hereby accep	t the appointment as registered	
SIGNATURE	Robert a Same					
		DOUGHT NODEK!	V. 2463	NEET .	3-28-97	
	Signature, typed or printed name of registered ager	ot and title if applicable. (NOTE:	Registered Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND	of and title if applicable. (NOTE:	Registered Agent signature of 13.	required when reinalating)  ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12	
12.	OFFICERS AND	ot and title if applicable. (NOTE:	Registered Agent eignature of 13.	required when reinstating)  ADDITIONS/CHANGES TO OFFIC  PD	DATE	
12. TITLE NAME	OFFICERS AND HENTHORNE, JAY	of and title if applicable. (NOTE:	Registered Agent signature of 13.  1.1 TiTLE  1.2 NAME	required when reinslating)  ADDITIONS/CHANGES TO OFFIC  PD HENTHORNE, Jay	DATE ERS AND DIRECTORS IN 12	
12. TITLE NAME STREET ADDRESS	OFFICERS AND HENTHORNE, JAY 3927 CLEVELAND RD	of and title if applicable. (NOTE:	13. 1.1 T/TLE 1.2 NAME 1.3 STREET ADDRESS	required when reinsleting)  ADDITIONS/CHANGES TO OFFIC  PD Henthorne, Say 3927 Cleveland Rb	DATE ERS AND DIRECTORS IN 12	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D HENTHORNE, JAY 3927 CLEVELAND RD WOOSTER ON	ot and little If applicable (NOTE:  DIRECTORS  DELETE	Registered Agent eignature of 13.  1.1 T/TLE 1.2 NAME 1.3 STREET ADDRESS 1.4 C/TY-ST-ZIP	required when reinslating)  ADDITIONS/CHANGES TO OFFIC  PD Henthorne, Jay 3927 Cleveland Rb WOOSter OH	DATE ERS AND DIRECTORS IN 12  Change Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D HENTHORNE, JAY 3927 CLEVELAND RD WOOSTER OH VD	of and title if applicable. (NOTE:	Registered Agent eignature 13.  1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TiTLE	required when reinslating)  ADDITIONS/CHANGES TO OFFIC  PD Henthorne, Say 3927 Cleveland Rb WOOSter OH D	DATE ERS AND DIRECTORS IN 12	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D HENTHORNE, JAY 3927 CLEVELAND RD WOOSTER ON VD PACE, WESLEY	ot and little If applicable (NOTE:  DIRECTORS  DELETE	Registered Agent eignature of 13.  1.1 T/TLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 T/TLE 2.2 NAME	required when reinslating)  ADDITIONS/CHANGES TO OFFIC  PD Henthorne, Say 3927 Cleveland Rb Wooster OH D Daniel Christensen	DATE  ERS AND DIRECTORS IN 12  Change	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D HENTHORNE, JAY 3927 CLEVELAND RD WOOSTER ON VD PACE, WESLEY 1500 OVERSEAS HWY #401	ot and little If applicable (NOTE:  DIRECTORS  DELETE	Registered Agent eignature of 13.  1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE PD Henthorne, Say 3927 Cleveland Rb Wooster OH D Daniel Christensen 1081 Pine Branch Driv	DATE  ERS AND DIRECTORS IN 12  Change	
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12. THE NAME STREET ADDRESS CHY-SI-ZIP THAE NAME STREET ADDRESS CHY-SI-ZIP THE	OFFICERS AND D HENTHORNE, JAY 3927 CLEVELAND RD WOOSTER ON VD PACE, WESLEY 1500 OVERSEAS HWY #401 MARATHON FL	DELETE	Registered Agent eignature of 13.  1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ADDITIONS/CHANGES TO OFFICE PD Henthorne, Say 3927 Cleveland Rb Wooster OH D Daniel Christensen 1081 Pine Branch Drive F Landerdale FL	DATE ERS AND DIRECTORS IN 12  A Change	
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D HENTHORNE, JAY 3927 CLEVELAND RD WOOSTER ON VD PACE, WESLEY 1500 OVERSEAS HWY #401 MARATHON FL STD SANSWEET, ROBERT 1500 OVERSEAS HWY #203 MARATHON FL PB TRUDEAU JAMES 1595 CENTRAL AVENUE NEEDHAM MA D	D DIRECTORS  DELETE  DELETE  DELETE	Registered Agent eignature  13.  1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5. TITLE 5. TITLE 5. TITLE 5. TITLE	ADDITIONS/CHANGES TO OFFICE PD Henthorne, Jay 3927 Cleveland Rb Wooster OH Daniel Christensen 1081 Pine Branch Driv FT Lauderdale FL John Rafferty Po Box 33059 Phoenix A2 ST Sansweet, Robert 11245 Gth, Ave Gulf Marathon FL 3305 Savage, Dr. George	DATE ERS AND DIRECTORS IN 12    Change	
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.2 NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZiP

ROBERT A. SANSWEET 3-28-97