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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01418

1. Corporation Name
CASA CAYO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1500 OVERSEAS HWY MARATHON FL 33050	C/O R. SANSWEET 11245 6TH AVE GULF MARATHON FL 33050 US

2. Principal Place of Business 21	2a. Mailing Address 26 c/o R. SANSWEET	3. Date Incorporated or Qualifed 02/13/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 11 SOMBRERO BLVD., UNIT #11	4. FEI Number 59-2692987 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 MARATHON FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 33050 Country 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SANSWEET, ROBERT
11245 6TH AVE GULF
MARATHON FL 33050

10. Name and Address of New Registered Agent

81 Name: SANSWEET, ROBERT
82 Street Address (P.O. Box Number is Not Acceptable): 11 SOMBRERO BLVD, UNIT #11
83
84 City: MARATHON FL 85 Zip Code: 33050

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Robert Sansweet ROBERT SANSWEET S/T R.A. 4-1-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	HENTHORNE, JAY		1.2 NAME	HENTHORNE, JAY	
STREET ADDRESS	3927 CLEVELAND RD		1.3 STREET ADDRESS	3927 CLEVELAND RD	
CITY-ST-ZIP	WOOSTER OH		1.4 CITY-ST-ZIP	WOOSTER OH 44691	
TITLE	D	☐ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	SAMSE, KARL		2.2 NAME	MARGARET FOX	
STREET ADDRESS	299 BROWNS LANE		2.3 STREET ADDRESS	305 PRIVATE RD	
CITY-ST-ZIP	MIDDLETON RI 02842		2.4 CITY-ST-ZIP	MATTITUCK NY 11952	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SAVAGE, GEORGE		3.2 NAME		
STREET ADDRESS	45 FOX POINT DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	APPLETON WI 54911		3.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RAFFERTY, JOHN		4. 2 NAME		
STREET ADDRESS	P.O. BOX 33059 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	PHOENIZ AZ 85067		4.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	5.1 TITLE	ST	☒ Change ☐ Addition
NAME	SANSWEET, ROBERT		5.2 NAME	SANSWEET, ROBERT	
STREET ADDRESS	11245 6TH AVE GULF		5.3 STREET ADDRESS	11 SOMBRERO BLVD., UNIT#11	
CITY-ST-ZIP	MARATHON FL		5.4 CITY-ST-ZIP	MARATHON FL 33050	
TITLE	D	☐ DELETE	6.1 TITLE	PD	☒ Change ☐ Addition
NAME	CHRISTENSEN, DANIEL		6.2 NAME	CHRISTENSEN, DANIEL	
STREET ADDRESS	1031 PINE BRANCH DRIVE		6.3 STREET ADDRESS	1031 PINE BRANCH DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE F		6.4 CITY-ST-ZIP	FT LAUDERDALE FL 33326	

14. I 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, with all other like empowered.

SIGNATURE: Robert Sansweet SIGNATURE REQUIRED ROBERT SANSWEET 4-1-99 305-289-1778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)