3/2

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
03-21-2001 90077 031 ****61.25

35323

DO NOT WRITE IN THIS SPACE

DOCUMENT # N01418

1. Entity Name

CASA CAYO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1500 OVERSEAS HWY MARATHON FL 33050	C/O R. SANSWEET 11 SOMBRERO BLVD #11 MARATHON FL 33050 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 11 SOMBRERO BLVD., #11
City & State	City & State MARATHON FL
Zip / Country	Zip 33050 / Country U.S.

4. FEI Number 59-2692987 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANSWEET, ROBERT 11 SOMBRERO BLVD #11 MARATHON FL 33050	Name RHONDA HALL Street Address (P.O. Box Number is Not Acceptable) 11 SOMBRERO BLVD., #11 City MARATHON FL Zip Code 33050

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.

SIGNATURE Rhonda Hall RHONDA HALL 3-19-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENTHORNE, JAY 3927 CLEVELAND RD WOOSTER OH 44691	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAMSE, KARL 299 BROWNS LANE MIDDLETON RI 02842	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MUELLER, UWE 1500 OVERSEAS HWY #301 MARATHON FL 33050	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FOX, MARGARET 305 PRIVATE RD MATCITUCK NY 11952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FOX, MARGARET 305 PRIVATE RD MATCITUCK, NY 11952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M SANSWEET, ROBERT 11 SOMBRERO BLVD #11 MARATHON FL 33050	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHRISTENSEN, DANIEL 1031 PINE BRANCH DRIVE FT. LAUDERDALE F 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 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: SIGNATURE REQUIRED DANIEL CHRISTENSEN 3-19-01 305-289-8007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #