2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N01418

1. Entity Name
CASA CAYO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1500 OVERSEAS HWY MARATHON, FL 33050	C/O RHONDA HALL 11 SOMBRERO BLVD #11 MARATHON, FL 33050 US

DO NOT WRITE IN THIS SPACE

03252004 No Chg-NP CR2E037 (10/03)

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

HALL, RHONDA
11 SOMBRERO BLVD #11
MARATHON, FL 33050

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HENTHORNE, JAY
STREET ADDRESS	3927 CLEVELAND RD
CITY-ST-ZIP	WOOSTER, OH 44691
TITLE	VPD
NAME	FOX, MARGARET
STREET ADDRESS	305 PRIVATE RD
CITY-ST-ZIP	MATCITUCK, NY 11952
TITLE	PD
NAME	CHRISTENSEN, DANIEL
STREET ADDRESS	1031 PINE BRANCH DRIVE
CITY-ST-ZIP	FT. LAUDERDALE, F 33326
TITLE	D
NAME	KRAUS, PAUL
STREET ADDRESS	4 OVERLOOK DR.
CITY-ST-ZIP	HOLMDEL, NJ 07733
TITLE	SD
NAME	FURDA, LEIGH
STREET ADDRESS	425 WESTWOOD DR.
CITY-ST-ZIP	BARRINGTON, IL 60010
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/29/04-80047-003 61.25

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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: Dan Christensen DAN CHRISTESEN 3-25-04 954-253-0343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #