


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90075 012 ****61.25

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| DOCUMENT # N01418 |  |
| 1. Entity Name CASA CAYO CONDOMINIUM ASSOCIATION, INC. | |

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

4004422



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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

03052008 -Chg-NP CR2E037 (12/06)

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|-----------------------------|-------------------------------|
| 4. FEI Number 59-2692987 | Applied For Not Applicable |
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

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

| | | |
|---|---|--|
| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD HENTHORNE, JAY 3927 CLEVELAND RD WOOSTER, OH 44691 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GREG FURDA 300 N STATE ST. #4103 CHICAGO, IL 60610 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SIEMON, JAMES 430 WOODSIDE DRIVE WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD PAUL KRAUS 4 OVERLOOK DR. HOLMDEL, NJ 07733 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CHRISTENSEN, DANIEL 1819 SE 17TH STREET #1409 FT. LAUDERDALE, FL 33316 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD LORI GAUKEL 5382 HARPER RD HOLT, MI 48842 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BUECHE, RENATE 5338 CHICKASAW TRAIL FLUSHING, MI 48433 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROTSCHAFFER, TIM 1339 BAYVIEW DRIVE HOLLAND, MI 49423 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: GREG FURDA, GREG FURDA PRES. 3-5-08 305-289-8007
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #