

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90185 034 ****61.25

DOCUMENT # N02000001668 1. Entity Name CASA PLAYA RESORT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 510 ESTERO BLVD FORT MYERS BEACH, FL 33931 US			Mailing Address PO BOX 60847 FORT MYERS, FL 33906 US		
2. Principal Place of Business - No P.O. Box # 711 TARPON BAY RD		3. Mailing Address P.O. BOX 100			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State SANIBEL FL		City & State SANIBEL FL		4. FEI Number 22-3223461	
Zip 33957		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPRING, SHANE SUNSET MGMT GROUP 12811 KENWOOD LN STE 210 FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name Steven Mackesy Street Address (P.O. Box Number is Not Acceptable) 711 TARPON BAY RD City SANIBEL FL Zip Code 33957			
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4/20/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$81.25 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	P <input type="checkbox"/> Delete SAGENDORF, JOHN 109 VAN DEUSEN DRIVE COBLESKILL, NY 12043		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Delete SULIVAN, DAVID 14600 RIVA DEL LARGO DR #1905 FORT MYERS, FL 33907		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Scott, Fred 3000 W. Miller Dr MCHENRY IL 60050	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete GREISSINGER, LORI 28932 N LEMON RIAD MUNDELEIN, IL 60060		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ZACK, JAY 9590 VILLAGE COURT WOODBURY, MN 55125		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BURANDT, ROBERT 17414 CAPE CORAL PARKWAY E. CAPE CORAL, FL 33904		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: LORI GREISSINGER 4/16/08 847-331-0504 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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