2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# N02000003024

Entity Name: CASA VELERO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2189 CEVELAND ST
SUITE 225
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

2189 CEVELAND ST
SUITE 225
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 01-0676873 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEIGHTON, LENNARD A
2189 CLEVELAND ST
STE 225
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LYONS, ROBERT E
Address: P.O. BOX 152
City-St-Zip: LARGO, FL 33779

Title: PD ( ) Delete
Name: TECZA, TED
Address: 44 GULF BLVD APT 204
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: STD ( ) Delete
Name: TECZA, PHYLLIS
Address: 44 GULF BLVD APT 204
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HOLLOWAY, LINDA
Address: 2861 EAST CROOKER LAKE
City-St-Zip: EUSTIS, FL 32726

Title: VPD (X) Change ( ) Addition
Name: KEHL, GEORGE
Address: 5208 AVENUE MEDOC
City-St-Zip: LUTZ, FL 33558

Title: STD (X) Change ( ) Addition
Name: KELLY, PAT
Address: 44 GULF BLVD #102
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA HOLLOWAY PD 01/19/2009

Electronic Signature of Signing Officer or Director — Date