2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005301

FILED May 04, 2008 Secretary of State

Entity Name: CASA DE LAS SIRENAS OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3 FIRST STREET 670 A1A BEACH BLVD ST AUGUSTINE, FL 32080 ST AUGUSTINE, FL 32080

Current Mailing Address: New Mailing Address:

3 FIRST STREET 521 A1A BEACH BLVD ST AUGUSTINE, FL 32080 ST AUGUSTINE, FL 32080

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRALY, MATTHEW C BRAD, LAYLAND L 3 FIRST STREET 521 A1A BEACH BLVD

ST. AUGUSTINE, FL 32080 US ST. AUGUSTINE, FL 32080 US

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: BRAD LAYLAND 05/04/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: D (X) Change () Addition

 Name:
 BRALY, MATTHEW C
 Name:
 CASEY, DUNN C

 Address:
 3 FIRST STREET
 Address:
 670 A1A BEACH BLVD

City-St-Zip: ST. AUGUSTINE BEACH, FL 32080 City-St-Zip: ST. AUGUSTINE BEACH, FL 32080

Title: VD () Delete Title: D (X) Change () Addition

 Name:
 BRALY, LAURA M
 Name:
 DENISE, RAWLES

 Address:
 3 FIRST STREET
 Address:
 670 A1A BEACH BLVD

City-St-Zip: ST. AUGUSTINE BEACH, FL 32080 City-St-Zip: ST. AUGUSTINE BEACH, FL 32080

Title: S (X) Delete Title: () Change () Addition

 Title:
 S
 (X) Delete
 Title:
 () Change () Ad

 Name:
 BRALY, ISABELLE P
 Name:

 Address:
 3 FIRST STREET
 Address:

 City-St-Zip:
 ST. AUGUSTINE BEACH, FL 32080
 City-St-Zip:

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: CASEY DUNN D 05/04/2008