
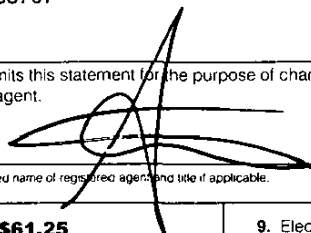
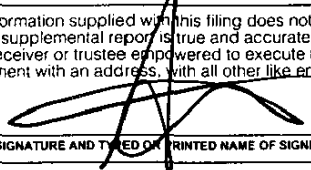


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90085 033 ****61.25

DOCUMENT # N03000008118					
1. Entity Name CASABLANCA TOWERS, A CONDOMINIUM INC.					
Principal Place of Business 600 1ST AVE N SUITE 302 ST. PETERSBURG, FL 33701			Mailing Address 600 1ST AVE N SUITE 302 ST. PETERSBURG, FL 33701		
2. Principal Place of Business - No P.O. Box # 2253 Central Avenue		3. Mailing Address 2253 Central Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State St. Petersburg, FL		City & State St. Petersburg, FL		4. FEI Number 20-0376365	
Zip 33713		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VILLARI, JOE 1135 SOUTH PASADENA AVENUE SUITE 107 ST. PETERSBURG, FL 33707			7. Name and Address of New Registered Agent Name: Villari, Joe Street Address (P.O. Box Number is Not Acceptable): 2253 Central Avenue City: St. Petersburg FL Zip Code: 33713		
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 		Joe Villari		4/5/07	
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, 2007		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 PTD NAME VILLARI, JOSEPH STREET ADDRESS 4201 POINSETTIA DRIVE CITY-ST-ZIP ST. PETERSBURG BEACH, FL 33736	<input type="checkbox"/> Delete		TITLE PTD NAME Villari, Joseph STREET ADDRESS 2253 Central Avenue CITY-ST-ZIP St. Petersburg, FL 33713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME VILLARI, MONICA STREET ADDRESS 4201 POINSETTIA DRIVE CITY-ST-ZIP ST. PETERSBURG BEACH, FL 33706	<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	<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	
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	
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: 		Joseph Villari		4/5/07 727-322-5100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	