

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03728

FILED
Apr 03, 2009
Secretary of State

Entity Name: CASA VERDE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

TRANSCONTINENTAL PROPERTY MGMT
1323 LYONS ROAD
COCONUT CREEK, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

TRANSCONTINENTAL PROPERTY MGMT
1323 LYONS ROAD
COCONUT CREEK, FL 33063 US

New Mailing Address:

FEI Number: 59-2503284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, ROBERT
MARTIN & BENNIS, PA
319 SE 14TH STREET
FT. LAUDERDALE, FL 33316 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: VTD () Delete
Name: BISSESSAR, R MICHAEL
Address: 3213 NW 85TH AVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: PD () Delete
Name: ALMOND, CARLA
Address: 3215 N W 85TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: BINAGHI, GRACIELA
Address: 3197 NW 85TH AVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S () Delete
Name: EBANKS, NADINE
Address: 3187 NW 85TH AVE
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: CARLA OLMOND

PD

04/03/2009

Electronic Signature of Signing Officer or Director

Date