


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90147 004 ****61.25

DOCUMENT # N04000001869

1. Entity Name
CASA LOMA CONDOMINIUM ASSOCIATION INC.



Principal Place of Business Mailing Address
~~2530 JEAN ST.~~ ~~2530 JEAN ST.~~
~~TITUSVILLE FL 32780~~ ~~TITUSVILLE FL 32780~~



2. Principal Place of Business 3. Mailing Address
1011 INDIAN RIVER AVE **1011 INDIAN RIVER AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
TITUSVILLE FLORIDA **TITUSVILLE FLORIDA**
 Zip Country Zip Country
32780 USA **32780 USA**

4. FEI Number **41-0598437** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MORRIS, KEITH COX
2530 JEAN ST.
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent
 Name **JEFFREY B. GREENE**
 Street Address (P.O. Box Number is Not Acceptable) **1011 INDIAN RIVER AVE**
 City **TITUSVILLE** FL Zip Code **32780**

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 *Jeffrey B. Greene* DATE **4/17/06**
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, KEITH COX	
STREET ADDRESS	2530 JEAN ST.	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTIN, GT FIMIANI	
STREET ADDRESS	3545 MUIRFIELD DR.	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	TREA	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, KEITH COX	
STREET ADDRESS	2530 JEAN ST.	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	SECT	<input type="checkbox"/> Delete
NAME	MARTIN, GT FIMIANI	
STREET ADDRESS	3545 MUIRFIELD DR.	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY B. GREENE	
STREET ADDRESS	1011 INDIAN RIVER AVE	
CITY-ST-ZIP	TITUSVILLE, FL. 32780	
TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY B. GREENE	
STREET ADDRESS	1011 INDIAN RIVER AVE	
CITY-ST-ZIP	TITUSVILLE, FL. 32780	
TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jeffrey B. Greene* DATE: **4/17/06** TELEPHONE: **321-403-4132**