FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -7 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04622 (9)

1. Corporation Name

CASA PLAYA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3031 S. ATLANTIC AVE. COCOA BCH FL 32931	3031 S. ATLANTIC AVE. COCOA BCH FL 32931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/09/1984
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2063646 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JESTER, JERRY L.
15 E. MERRITT ISLAND CSWY
#307
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	XX Change ☐ Addition
NAME	CURRENS, M	1.2 NAME	
STREET ADDRESS	3031 S. ATLANTIC AVE.	1.3 STREET ADDRESS	OUT
CITY-ST-ZIP	COCOA BEACH FL 32931	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	XX Change ☐ Addition
NAME	NOTARY, SALLY Sally R. NOTARY	2.2 NAME	D
STREET ADDRESS	690 TIMUQUANA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32953 SEC-TREASURER	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	XX Change ☐ Addition
NAME	NOTARY, AL	3.2 NAME	D
STREET ADDRESS	690 TIMUQUANA DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	XX Change ☐ Addition
NAME	WRIGHT, BARBARA	4.2 NAME	D
STREET ADDRESS	3031 S. ATLANTIC AVE 201	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	XX Change ☐ Addition
NAME	CURRENS, MARGARET	5.2 NAME	
STREET ADDRESS	3031 S. ATLANTIC AVE,202	5.3 STREET ADDRESS	OUT
CITY-ST-ZIP	COCOA BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	VP ☐ Change XX Addition
NAME		6.2 NAME	CHICONE, JERRY
STREET ADDRESS		6.3 STREET ADDRESS	2025 SIESTA LANE
CITY-ST-ZIP	$ Deposited by Bank	6.4 CITY-ST-ZIP	ORLANDO, FL 32804

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sally R. Notary — FEB 18, 1995 — 407 452 0887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Sally R. NOTARY

000498