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Jun 16 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N04622 (9)

1. Corporation Name
CASA PLAYA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
3031 S. ATLANTIC AVE. 3031 S. ATLANTIC AVE.
COCOA BCH FL 32931 COCOA BCH FL 32931-2151

3. Date Incorporated or Qualified 08/09/1984 3a. Date of Last Report 04/27/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2063646	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	PDD	1.1 TITLE	
NAME	OVERTURE, STEVE	1.2 NAME	
STREET ADDRESS	3031 S ATLANTIC AVE #202	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	ROSS, DON	2.2 NAME	
STREET ADDRESS	3031 S ATLANTIC AVE #201	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931	2.4 CITY-ST-ZIP	
TITLE	TT	3.1 TITLE	
NAME	NOTARY, SARA	3.2 NAME	
STREET ADDRESS	690 TIMUQUANA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32931	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	NOTARY, AL	4.2 NAME	
STREET ADDRESS	690 TIMUQUANA DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32931	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)