

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90004 049 \*\*\*\*70.00

<b>DOCUMENT # N05000005926</b>					
<b>1. Entity Name</b> CASA DEL MAR CONDOMINIUM ASSOCIATION OF INDIALANTIC, INC.					
<b>Principal Place of Business</b> 1011 S MIRAMAR AVE INDIALANTIC, FL 32903			<b>Mailing Address</b> 1011 S MIRAMAR AVE INDIALANTIC, FL 32903		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01222006 Chg-NP CR2E037 (11/05)	
<b>4. FEI Number</b> 15-3200629				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MOSLEY, CURTIS R 1221 E NEW HAVEN AVE MELBOURNE, FL 32901			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VILLANO, DOMINICK A 652 ELM STREET MAYWOOD, NJ 07607 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLANO, DOMINICK A 652 ELM STREET MAYWOOD, NJ 07607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VILLANO, KRISTINA L 652 ELM STREET MAYWOOD, NJ 07607 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Ricci, Stephen P. 1011 S. MIRAMAR AVE. UNIT 6 INDIALANTIC, FL 32903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST VILLANO, DOMINICK A JR 652 ELM STREET MAYWOOD, NJ 07607 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDAGE, DAVID 1011 S. MIRAMAR AVE. #9 INDIALANTIC, FL 32903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIDIER, HENRY D. 1011 S. MIRAMAR AVE. #5 INDIALANTIC, FL 32903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAFTERY, Sheila M. 1011 S. MIRAMAR AVE. #4 INDIALANTIC, FL 32903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIDIER, Sheila M. 1011 S. MIRAMAR AVE. #5 INDIALANTIC, FL 32903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Sheila M. Didier (Sheila M. Didier)</u>			2/6/06		321-768-0320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #