

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90106 007 ****61.25

DOCUMENT # N05000005926						
1. Entity Name CASA DEL MAR CONDOMINIUM ASSOCIATION OF INDIALANTIC, INC.						
Principal Place of Business 1011 SMIRAMARAE INDIALANTIC, FL 32903			Mailing Address 1011 SMIRAMARAE INDIALANTIC, FL 32903			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 75-3200629		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MOSLEY, CURTIS R 1221 E NEW HAVEN AVE MELBOURNE, FL 32901			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____						
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VILLANO, DOMINICK A 652 ELM STREET MAYWOOD, NJ 07607		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	139 WARREN STREET PO BOX 9302 CLIFTON, NJ 07013 LYNDHURST NJ 07011	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RICCI, STEPHEN P 1011 S MIRAMAR AVE AVE 6 INDIALANTIC, FL 32903		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHALEN, LORI 451 RAYMOND RD PLYMOUTH, MA 02360	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARDAGE, DAVID 1011 S MIRAMAR AVE 9 INDIALANTIC, FL 32903		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHALEN, LORI 451 RAYMOND RD PLYMOUTH, MA 02360	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DIDIER, HENRY D 1011 S MIRAMAR AVE 5 INDIALANTIC, FL 32903		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/T DIDIER, SHEILA M	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RAFTERY, SHEILA M 1011 S MIRAMAR AVE 4 INDIALANTIC, FL 32903		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/T DIDIER, SHEILA M	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DIDIER, SHEILA M 1011 S MIRAMAR AVE 5 INDIALANTIC, FL 32903		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/T DIDIER, SHEILA M	
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.						
SIGNATURE: <u>Sheila M. Didier</u> <u>SHEILA M. DIDIER</u> <u>4/22/08</u> <u>321-768-0320</u>						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						