## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N05000008281

**FILED** Dec 13, 2006 Secretary of State

Entity Name: CASA KEYS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

14220 BAYSHORE DRIVE MADEIRA BEACH, FL 33708

**Current Mailing Address:** 

**New Mailing Address:** 

14220 BAYSHORE DRIVE MADEIRA BEACH, FL 33708 4361 POMPANO DR SE ST PETERSBURG, FL 33705

FEI Number: 20-8021795 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BRYAN, PENELOPE T ESQ

JAN, DELGADO

535 CENTRAL AVE 4361 POMPANO DR SE

ST PETERSBURG, FL 33701 US ST PETERSBURG, FL 33705 US

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.

Title:

City-St-Zip:

SIGNATURE: JAN DELGADO

12/13/2006

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete GONTHIER, BRIAN Name: 11310 MALAGA DRIVE

(X) Change ( ) Addition GONTHIER, BRIAN Name: Address: 4361 POMPANO DR SE

Address: City-St-Zip: LARGO, FL 33774

City-St-Zip: ST PETERSBURG, FL 33705

ST PETERSBURG, FL 33705

( ) Delete Title: DELGADOR, JAN Name: Address: 11310 MALAGA DRIVE City-St-Zip: LARGO, FL 33774

(X) Change ( ) Addition Name: DELGADO, JAN Address: 4361 POMPANO DR SE

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAN DELGADO VT