2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000008281

FILED Apr 18, 2008 Secretary of State

Entity Name: CASA KEYS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

14220 BAYSHORE DRIVE 14220 NORTH BAYSHORE DRIVE MADEIRA BEACH, FL 33708 MADEIRA BEACH, FL 33708

Current Mailing Address: New Mailing Address:

4361 POMPANO DR SE 7400 NORMANDY CT. ST PETERSBURG, FL 33705 SEMINOLE, FL 33772

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

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:

JAN, DELGADO
4361 POMPANO DR SE
5T PETERSBURG, FL 33705 US
6/O PATRIOT BANK
5/O TRINITY, FL 34655 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.

SIGNATURE: KARYN MAHORNEY 04/18/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS () Delete Title: PT (X) Change () Addition Name: GONTHIER, BRIAN Name: CRUTCHFIELD, SCOTT

Address: 4361 POMPANO DR SE Address: 1815 LITTLE ROAD
City-St-Zip: ST PETERSBURG, FL 33705 City-St-Zip: TRINITY, FL 34655

Title: VT () Delete Title: S (X) Change () Addition

 Name:
 DELGADO, JAN
 Name:
 MAHORNEY, KARYN

 Address:
 4361 POMPANO DR SE
 Address:
 1815 LITTLE ROAD

 City-St-Zip:
 ST PETERSBURG, FL 33705
 City-St-Zip:
 TRINITY, FL 34655

 Name:
 Name:
 STRUL, SARINA

 Address:
 Address:
 17902 AYSHIRE BLVD.

 City-St-Zip:
 City-St-Zip:
 LAND O LAKES, FL 34638

I hereby certify that the information supplied with this filing does not qualify 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: KARYN MAHORNEY S 04/18/2008