

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008281

FILED
Jan 31, 2009
Secretary of State

Entity Name: CASA KEYS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

14220 NORTH BAYSHORE DRIVE
MADEIRA BEACH, FL 33708

New Principal Place of Business:

Current Mailing Address:

7400 NORMANDY CT.
SEMINOLE, FL 33772

New Mailing Address:

FEI Number: 20-8021795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAHORNEY, KARYN
1815 LITTLE ROAD
C/O PATRIOT BANK
TRINITY, FL 34655 US

Name and Address of New Registered Agent:

JOHNSON-MAHORNEY, KARYN
1815 LITTLE ROAD
C/O PATRIOT BANK
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 JOHNSON-MAHORNEY

01/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: CRUTCHFIELD, SCOTT
Address: 1815 LITTLE ROAD
City-St-Zip: TRINITY, FL 34655

Title: S () Delete
Name: MAHORNEY, KARYN
Address: 1815 LITTLE ROAD
City-St-Zip: TRINITY, FL 34655

Title: V () Delete
Name: STRUL, SARINA
Address: 17902 AYSHIRE BLVD.
City-St-Zip: LAND O LAKES, FL 34638

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: GRUTCHFIELD, SCOTT
Address: 1815 LITTLE ROAD
City-St-Zip: TRINITY, FL 34655

Title: S (X) Change () Addition
Name: JOHNSON-MAHORNEY, KARYN
Address: 1815 LITTLE ROAD
City-St-Zip: TRINITY, FL 34655

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 JOHNSON-MAHORNEY

S

01/31/2009

Electronic Signature of Signing Officer or Director

Date