


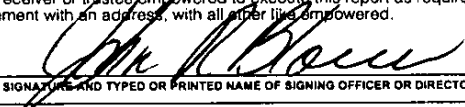
**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90025 032 \*\*\*\*61.25

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|  |                            |   |   |   |                                   |
|--|----------------------------|---|---|---|-----------------------------------|
| DOCUMENT # N06000000213  |                            |   |   |      |                                   |
| 1. Entity Name<br>CASA DE LA PLAYA CONDOMINIUM ASSOCIATION, INC.   |                            |   |   |   |                                   |
| Principal Place of Business<br>46 NORTH WASHINGTON BLVD STE 1<br>SARASOTA, FL 34236  |                            | Mailing Address<br>46 NORTH WASHINGTON BLVD STE 1<br>SARASOTA, FL 34236             |   |   |                                   |
| 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<br><del>APPLIED FOR</del> 65-1318437                                    |                                   |
| Zip  |                            | Country   |   | Applied For<br>Not Applicable   |                                   |
|  |                            |   |   | Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                   |
| 6. Name and Address of Current Registered Agent  |                            |   | 7. Name and Address of New Registered Agent           |   |                                   |
| LPS CORPORATE SERVICES, INC.<br>46 NORTH WASHINGTON BLVD STE 1<br>SARASOTA, FL 34236   |                            |   | Name  |   |                                   |
|  |                            |   | Street Address (P.O. Box Number is Not Acceptable)    |   |                                   |
|  |                            |   | City  |   | FL                                |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>   |                            |   |   |   |                                   |
| Filing Fee is \$61.25<br>Due by May 1, 2008  |                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 May Be<br>Added to Fees  |                                   |
| Make check payable to<br>Florida Department of State   |                            |   |   |   |                                   |
| 10. OFFICERS AND DIRECTORS   |                            |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |                                   |
| TITLE  | VTD                        | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   | BLOUIN, JOHN R             |   | NAME  |   |                                   |
| STREET ADDRESS   | 831 WEST NORTH STREET      |   | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP  | HINSDALE, IL 60521         |   | CITY-ST-ZIP   |   |                                   |
| TITLE  | PSD                        | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   | BLOUIN, JANICE             |   | NAME  |   |                                   |
| STREET ADDRESS   | 831 WEST NORTH STREET      |   | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP  | HINSDALE, IL 60521         |   | CITY-ST-ZIP   |   |                                   |
| TITLE  | D                          | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   | DREW, JANELLE              |   | NAME  |   |                                   |
| STREET ADDRESS   | 240 EAST OGDEN AVE APT 103 |   | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP  | HINSDALE, IL 60521         |   | CITY-ST-ZIP   |   |                                   |
| TITLE  |                            | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                            |   | NAME  |   |                                   |
| STREET ADDRESS   |                            |   | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP  |                            |   | CITY-ST-ZIP   |   |                                   |
| TITLE  |                            | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                            |   | NAME  |   |                                   |
| STREET ADDRESS   |                            |   | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP  |                            |   | CITY-ST-ZIP   |   |                                   |
| TITLE  |                            | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                            |   | NAME  |   |                                   |
| STREET ADDRESS   |                            |   | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP  |                            |   | CITY-ST-ZIP   |   |                                   |
| 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:    |                            | Date: 4-11-2008   |   | Daytime Phone #: 630-789-8985   |                                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                            |   |   |   |                                   |