


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90004 042 ****61.25

DOCUMENT # N06000002329					
1. Entity Name CASEY COURT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 12277 SW 55TH STREET SUITE 906 COOPER CITY, FL 33330			Mailing Address 12277 SW 55TH STREET SUITE 906 COOPER CITY, FL 33330		
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	
Zip		Country		04302007 Chg-NP CR2E037 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/>		<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
DUKE, TERRELL 12277 SW 55TH STREET SUITE 906 COOPER CITY, FL 33330		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, 2007		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUKE, TERRELL		NAME		
STREET ADDRESS	12277 SW 55TH STREET		STREET ADDRESS		
CITY - ST - ZIP	COOPER CITY, FL 33330		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	
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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: <u>TERRELL DUKE</u>			4-30-07 954-252-6284		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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