


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2007 8:00 am
Secretary of State

07-16-2007 90126 030 ****61.25

DOCUMENT # N06000002634			
1. Entity Name CASA ALBERTA CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 604 WHITEHEAD ST KEY WEST, FL 33040		Mailing Address 604 WHITEHEAD ST KEY WEST, FL 33040	
2. Principal Place of Business - No P.O. Box # 1001 WHITEHEAD ST.		3. Mailing Address 1001 WHITEHEAD ST.	
Suite, Apt. #, etc. # 101		Suite, Apt. #, etc. # 101	
City & State KEY WEST FL		City & State KEY WEST FL	
Zip 33040	Country USA	Zip 33040	Country USA
4. FEI Number 54-2172180		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent A.G.C. CO 200 S ORANGE AVENUE SUITE 2300 ORLANDO, FL 32801		7. Name and Address of New Registered Agent	
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 re-registering) DATE _____			
Filing Fee is \$61.25 Due by September 14, 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		P LUIS E. COBO 1501 FLORIDA ST. KEY WEST, FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		T MICHAEL B. INGRAM 1001 WHITEHEAD ST, # 101 KEY WEST, FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Michael B. Ingram</i>		Date: <i>13 July 2007</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

66021746



07132007 Chg-NP CRZE037 (12/06)