2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005379

FILED Apr 30, 2008 Secretary of State

Entity Name: CASA BAHIA CONDOMINIUM ASSOCIATION, INC.

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

7171 BAY DR.

MIAMI BCH, FL 33141

Current Mailing Address: New Mailing Address:

7171 BAY DR. PO BOX 416471

MIAMI BCH, FL 33141 MIAMI BEACH, FL 33141

FEI Number: 26-1514390 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZARETSKY, LOUIS D ESQ.
7171 BAY DR.
MIAMI BCH, FL 33141 US

ZARETSKY, LOUIS D ESQ.
7171 BAY DRIVE
MIAMI BCH, FL 33141 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: LOUIS ZARETSKY 04/30/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: () Change () Addition

 Name:
 LOSADA, ALONSO
 Name:

 Address:
 1940 BIARRITZ DR., #7
 Address:

 City-St-Zip:
 MIAMI BCH, FL 33141
 City-St-Zip:

Title: VSD () Delete Title: VSD (X) Change () Addition

 Name:
 BERMUDA, RICARDO
 Name:
 BERMUDEZ, RICARDO

 Address:
 1940 BIARRITZ DR., #7
 Address:
 1940 BIARRITZ DR., #7

 City-St-Zip:
 MIAMI BCH, FL 33141
 City-St-Zip:
 MIAMI BCH, FL 33141

Title: TD () Delete Title: () Change () Addition

 Name:
 GONZALEZ, NORMA
 Name:

 Address:
 1940 BIARRITZ DR., #7
 Address:

 City-St-Zip:
 MIAMI BCH, FL 33141
 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: ALONSO LOSADA PD 04/30/2008