

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012458

FILED  
Jan 21, 2009  
Secretary of State

**Entity Name:** CASA TUA SUITES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

235 LINCOLN RD., SUITE 210  
MIAMI BCH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

235 LINCOLN RD., SUITE 210  
MIAMI BCH, FL 33139

**New Mailing Address:**

**FEI Number:** 41-2235444

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRENDENE, MICHELE  
235 LINCOLN RD., SUITE 210  
MIAMI BCH, FL 33139 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GRENDENE, MICHELE  
Address: 235 LINCOLN RD., SUITE 210  
City-St-Zip: MIAMI BCH, FL 33139

Title: VD ( ) Delete  
Name: HAMPTON, MARTHA  
Address: 235 LINCOLN RD., SUITE 210  
City-St-Zip: MIAMI BCH, FL 33139

Title: STD ( ) Delete  
Name: HOLLAND, SOHANI  
Address: 235 LINCOLN RD., SUITE 210  
City-St-Zip: MIAMI BCH, FL 33139

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

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

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

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: MICHELE GRENDENE

PD

01/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date