2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# N12395

Entity Name: CASA BLANCA OF SANIBEL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

CO ISLAND MGMT
PO BOX 100
SANIBEL, FL 33957 US

New Principal Place of Business:

CO ISLAND MGMT
711 TARPON BAY RD
SANIBEL, FL 33957 US

Current Mailing Address:

CO ISLAND MGMT
PO BOX 100
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 59-2776829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACKEY, STEVEN J
ISLAND MGMT
PO BOX 100 711 TARPON BAY RD
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

MACKESY, STEVEN J
ISLAND MGMT
711 TARPON BAY RD
SANIBEL, FL 33957 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: STEVEN J MACKESY 04/03/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: PAYSON, HAROLD
Address: 312 PERIWINKLE WAY #9
City-St-Zip: SANIBEL, FL 33957

Title: VSD ( ) Delete
Name: DUIGNAN, SHARON
Address: 312 PERIWINKLE WAY 4
City-St-Zip: SANIBEL, FL 33957

Title: PD ( ) Delete
Name: SOMODI, DAVID
Address: 6100 STONEHEDGE DR
City-St-Zip: GREENFIELD, WI 53220

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: DAVID SOMODI PD 04/03/2009
Electronic Signature of Signing Officer or Director Date