FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N16979

(9)

CASABLANCA VILLAS CONDOMINIUM ASSOCIATION, INC.

5.10715					
Principal Place of Business		Mailing Address		T I DODINIUK DAN MAKA DIKAD IDIN 1807.	
3420 EAST MARITANA DR. ST. PETERSBURG FL 33706		9420 EAST MARITANA DR. ST. PETERSBURG FL-33706			
				3. Date Incorporated or Qualified 09/24/1986	3a. Date of Last Report 02/17/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 6404 67X	L DR.E.	59-2872566	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State 28 PALMET	TO, TLORIDA	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,
24	25 9. Name and Address of Current		30]	. 	Yes PNo
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name					
WERT7	CORNELLE				
WERTZ, CORDELL E. 3420 MARITANA DRIVE, EAST, #3 82 Street Address (P.O. Box Number is Not Acceptable)					le)
ST. PETERSBURG FL 33706					
OI. I LIL	LINODONIA I E 00/00				
			84 Gity		Fi 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
	in, and accept the obligations of, Section	on 617.0000, rionda Statutes.			
SIGNATURE .	Signature: typed or printed name of registered agent :	and the Lapph able (NOT)	Er Rogistered Agent signature required	I when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/OFIANGES TO OFF	ICERS AND DIRECTORS IN 12
TificE	STD	DELÉTE	1 1 TITLE		Change Addition
NAME	WERTZ, PATRICIA A.		1.2 NAME		
STREET ADDRESS	3420 MARITANA DR E #3		1.3 STREET ADDRESS		
CITY - ST - ZIP	ST. PETERSBURG FL		1 4 CITY - ST - ZIP		
THILE	PD	DELETE	2 1 TITLE		Change Addition
NAME	WERTZ, CORDELL E.		2.2 NAME		
STREET ADDRESS	3420 MARITANA DR E #3		2.3 STREET ADDRESS		
CHT+ST-ZIP	ST. PETERSBURG FL		2 4 CITY - ST - ZIP		
THTLE	D DOWN	DELETE	3 1 TITLE		Change Addition
NAME	DAVIS, ROY		3.2 NAME		
STREET ADDRESS	3420 MARITANA DR., E #4		3 3 STREET ADDRESS		
CITY - ST - ZIP	ST. PETERSBURG FL	5. 10 Bit 10 In	34 CITY-ST-ZIP		
TITLE	VD	DELETE	41 TITLE		Change Addition
NAME	ALOISIO, VITO		4 2 NAME		
STREET ADDRESS	3420 MARITANA DR E #2		4.3 STREET ADDRESS		
CHTY - ST ZIP	ST. PETERSBURG FL	Porter	4.4 CHY-ST-ZIP		
TITLE	DIENI S CADI	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Diehls, Carl 3420 Mritana dr e-5		5.2 NAME		,
STREET ADDRESS	ST. PETERSBURG FL		5 3 STREET ADDRESS		j
CHTY-ST ZIP	GI. FEIENOBUNG FL	DELETE	5 4 CITY-SI-ZIP		Change Addit
DILE		Morrele	6 1 TITLE		☐ Change ☐ Addit-on
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY - ST - ZIP			6 4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: _

Latrice Li Well PATRICIA A. WERTZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7224707

Dayting Phone & 3PM