


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 08, 2006 08:00 AM
Secretary of State**

DOCUMENT # N16979		
1. Entity Name CASABLANCA VILLAS CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 3420 EAST MARITANA DR. ST. PETERSBURG, FL 33706		Mailing Address 3420 EAST MARITANA DR. #5 ST. PETERSBURG, FL 33706 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DIEHLS, BARBARA 3420 MARITANA DR. E #5 SAINT PETERSBURG, FL 33706		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DIEHLS, BARBARA L 3420 MARITANA DR. E #5 SAINT PETERSBURG, FL 33706	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSSI, THOMAS 3420 MARITANA DR. E #3 ST. PETERSBURG, FL 33706	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAIR, DILLON 3420 E MARITANA DR 1 SAINT PETERSBURG, FL 33706	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRINCE, ED 3420 E. MARITANA DR. #4 ST. PETERSBURG, FL 33706	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIEHLS, CARL 3420 MRITANA DR E-5 ST. PETERSBURG, FL 33706	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALOISO, VITO 3420 E. MARITANA DR. #2 SAINT PETERSBURG, FL 33706	
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: <u>Barbara Diehls</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Feb 7 2006</u> <u>727 360 2842</u> <small>Date Daytime Phone #</small>



02062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2872566	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/18/06-80077-008 61.25

**DO NOT WRITE
IN THIS SPACE**