


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N16979</b> 1. Entity Name <b>CASABLANCA VILLAS CONDOMINIUM ASSOCIATION, INC.</b>	
--	---

Principal Place of Business <b>3420 EAST MARITANA DR. ST. PETERSBURG, FL 33706</b>	Mailing Address <b>3420 EAST MARITANA DR. #5 ST. PETERSBURG, FL 33706 US</b>
---	---



03312008 No Chg-NP CR2E037 (4/06)

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>DIEHLS, BARBARA 3420 MARITANA DR. E #5 SAINT PETERSBURG, FL 33706</b>
---

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U00000878422  
04/14/08-80054-019 61.25

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 WEIGEL, STEVEN 3420 MARITANA DR. #2 ST SAINT PETERSBURG, FL 33706

**DO NOT WRITE  
IN THIS SPACE**

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:** Barbara Diehls BARBARA DIEHLS MARCH 31 2008 727 3612542  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #