

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19905

FILED
Apr 08, 2009
Secretary of State

Entity Name: CASA NUEVA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O PRIME MANAGEMENT GROUP
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

C/O PRIME MANAGEMENT GROUP
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 59-2292039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRIME MANAGEMENT GROUP
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 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: P () Delete
Name: ZUENER, CRAIG
Address: 6893 SW 18TH ST #201
City-St-Zip: BOCA RATON, FL 33433

Title: V () Delete
Name: IMMLER, G. MATTHEW
Address: 2672 NW 28 TERRACE
City-St-Zip: BOCA RATON, FL 33434

Title: S () Delete
Name: COHEN, GAIL
Address: 6784 PALMETTO CIR SO #104
City-St-Zip: BOCA RATON, FL 33433

Title: T () Delete
Name: WEYUKER, MITCHELL
Address: 22250 WOODSPRING DR
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: MARINO, JOSE M
Address: 4400 N FEDERAL HWY #58
City-St-Zip: BOCA RATON, FL 33431

Title: S (X) Delete
Name: COHEN, GAIL
Address: 6784 PALMETTO CIR S #104
City-St-Zip: BOCA RATON, FL 33433

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:

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: CRAIG ZUENER

PRES

04/08/2009

Electronic Signature of Signing Officer or Director

Date