


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90024 015 ****61.25

DOCUMENT # N20420 1. Entity Name CASA BAYVIEW CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1301 BAYVIEW DR #5 FT. LAUDERDALE, FL 33304			Mailing Address 1301 BAYVIEW DR #5 FT. LAUDERDALE, FL 33304 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0002731				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NICHOLSON, CHARLES F 1301 BAYVIEW DR #5 FT LAUDERDALE, FL 33304			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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) DATE</small>					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	DEMARTINI, MARILYN 1301 BAYVIEW DR #7 FT LAUDERDALE, FL 33304		<input type="checkbox"/> Delete		
TITLE S/T NAME STREET ADDRESS CITY-ST-ZIP	AVERY, CYNTHIA 1301 BAYVIEW DR #3 FORT LAUDERDALE, FL 33301		<input type="checkbox"/> Delete		
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	NICHOLSON, CHARLES 1301 BAYVIEW DR #5 FORT LAUDERDALE, FL 33304		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Donald Morris 1301 Bayview Dr. #4 FT Lauderdale FL 33304		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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: <i>Donald L. Morris</i> Donald L. Morris 3/4/06 954-828-5265 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					