

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29837

FILED
Apr 21, 2009
Secretary of State

Entity Name: CASSEEKEY ISLAND DOCK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O SEACREST SERVICES, INC.
2400 CENTRE PARK WEST DRIVE, SUITE 175
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

3232 CASSEEKEY ISLAND RD., #9S
JUPITER, FL 33477 US

Current Mailing Address:

C/O SEACREST SERVICES, INC.
2400 CENTRE PARK WEST DRIVE, SUITE 175
WEST PALM BEACH, FL 33409 US

New Mailing Address:

C/O SEACREST SERVICES, INC.
2400 CENTRE PARK W DR. SUITE 175
WEST PALM BEACH, FL 33409 US

FEI Number: 65-0095110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARPENTER, JAY
C/O SEACREST SERVICES, INC.
2400 CENTRE PARK WEST DRIVE, SUITE 175
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

CHAPPLE, JOHN F
19000 S.E. MACK DAIRY ROAD
JUPITER, FL 33478 US

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: JOHN CHAPPLE

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: SCHWARTZ, TED
Address: 2400 CENTRE PARK WEST, SUITE 175
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: PD (X) Delete
Name: CARPENTER, JAY
Address: 2400 CENTRE PARK WEST, SUITE 175
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: STD (X) Delete
Name: CASTELLANA, ANGELO
Address: 2400 CENTRE PARK WEST, SUITE 175
City-St-Zip: WEST PALM BEACH, FL 33409 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHAPPLE, JOHN F
Address: 19000 S.E. MACK DAIRY ROAD
City-St-Zip: JUPITER, FL 33478 US

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: MARTHA OLDS

MS

04/21/2009

Electronic Signature of Signing Officer or Director

Date