

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40994

FILED
Jan 05, 2008
Secretary of State

Entity Name: CASA MARINA ASSOCIATION, INC.

Current Principal Place of Business:

4371 BAY BEACH LN
#511
FORT MYERS, FL 33931 US

New Principal Place of Business:

Current Mailing Address:

204 QUINNIPIAC AVE
NORTH HAVEN, CT 06473 US

New Mailing Address:

FEI Number: 65-0237405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMODIO, MICHAEL D TREASUR
4371 BAY BEACH LANE
#414
FORT MYERS BEACH, FL 33931 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: PD () Delete
Name: IMIG, ROBERT PRES
Address: 4371 BAY BEACH LANE #311
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: DT () Delete
Name: AMODIO, MICHAEL D TREAS
Address: 4371 BAY BEACH LANE, #414
City-St-Zip: FORT MYERS BEACH, F 33931 US

Title: DVP () Delete
Name: VETTESE, ALDO VP
Address: 4371 BAY BEACH LANE #213
City-St-Zip: FORT MYERS BEACH, FL 33931 US

Title: D () Delete
Name: IMIG, WILLIAM D
Address: 4371 BAY BEACH LANE #314
City-St-Zip: FORT MYERS BEACH, FL 33931 US

Title: DS () Delete
Name: GRIBBLE, BONNIE SEC
Address: 4371 BAY BEACH LANE #111
City-St-Zip: FORT MYERS BEACH, FL 33931 US

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:

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: MICHAEL AMODIO

TREA

01/05/2008

Electronic Signature of Signing Officer or Director

Date