

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40994

FILED
Feb 01, 2011
Secretary of State

Entity Name: CASA MARINA ASSOCIATION, INC.

Current Principal Place of Business:

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

Current Mailing Address:

204 QUINNIPIAC AVE
NORTH HAVEN, CT 06473 US

New Principal Place of Business:

4371 BAY BEACH LN
#511
FORT MYERS BEACH, FL 33931 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: DP
Name: IMIG, WILLIAM PRES
Address: 4371 BAY BEACH LANE #214
City-St-Zip: FORT MYERS BEACH, FL 33931 US

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

Title: DVP
Name: GIBSON, DIANNE VP
Address: 4371 BAY BEACH LANE #312
City-St-Zip: FORT MYERS BEACH, FL 33931 US

Title: D
Name: LYNCH, SARAH
Address: 4371 BAY BEACH LANE #211
City-St-Zip: FORT MYERS BEACH, FL 33931 CA

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

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL D. AMODIO

TREA

02/01/2011

Electronic Signature of Signing Officer or Director

_____ Date