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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46196 (4)

1. Corporation Name
CASA VILLAGGIO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
342 COCONUT ROW
PALM BCH FL 33480
US

Mailing Address
P O BOX 2333
PALM BCH FL 33480-2333
US

3. Date Incorporated or Qualified 11/25/1991
3a. Date of Last Report 05/01/1996

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number 65-0452014 Applied For Not Applicable
5. Certificate of Status Desired [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [] Yes [] No

9. Name and Address of Current Registered Agent
MARTIN, DAVID
342 COCOANUT ROW
PALM BCH FL 33480

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------|---|-----------------------------|
| TITLE | DP [] DELETE | 1.1 TITLE | DST [X] Change [] Addition |
| NAME | MARTIN, DAVID | 1.2 NAME | |
| STREET ADDRESS | 342 COCOANUT ROW | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | PALM BEACH FL | 1.4 CITY - ST - ZIP | |
| TITLE | DVP [] DELETE | 2.1 TITLE | [] Change [] Addition |
| NAME | WATZULIK, PETER | 2.2 NAME | |
| STREET ADDRESS | 342 COCOANUT ROW | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | PALM BEACH FL | 2.4 CITY - ST - ZIP | |
| TITLE | DST [X] DELETE | 3.1 TITLE | [] Change [] Addition |
| NAME | VALLUZZO, CYNTHIA | 3.2 NAME | |
| STREET ADDRESS | 342 COCOANUT ROW | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | PALM BEACH FL | 3.4 CITY - ST - ZIP | |
| TITLE | D [] DELETE | 4.1 TITLE | DP [X] Change [] Addition |
| NAME | BENAFIELD, DENA | 4.2 NAME | |
| STREET ADDRESS | 342 COCOANUT ROW | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | PALM BEACH FL | 4.4 CITY - ST - ZIP | |
| TITLE | [] DELETE | 5.1 TITLE | [] Change [] Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | [] DELETE | 6.1 TITLE | [] Change [] Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)