

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1998



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 Mailing Address
342 COCONUT ROW PALM BCH FL 33480 US **P O BOX 2333 PALM BCH FL 33480 US**

3. Date Incorporated or Qualified
11/25/1991

4. FEI Number **65-0452014**
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

22 City & State 27 City & State

7. Is this nonprofit corporation a homeowners association?
 Yes No

23 Zip Country 28 Zip Country
24 25 29 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, DAVID
342 COCOANUT ROW
PALM BCH FL 33480

81 Name **Dena Benafield**
82 Street Address (P.O. Box Number is Not Acceptable) **342 Coconut Row**
83
84 City **Palm Beach, FL** 85 Zip Code **33480**

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 *Dena Benafield* DATE **7/30/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE-Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, DAVID	
STREET ADDRESS	342 COCOANUT ROW	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	WATZULIK, PETER	
STREET ADDRESS	342 COCOANUT ROW	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BENAFIELD, DENA	
STREET ADDRESS	342 COCOANUT ROW	
CITY-ST-ZIP	PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	DST	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	CURLEY, ANN		
1.3 STREET ADDRESS	342 Coconut Row		
1.4 CITY-ST-ZIP	Palm Beach, FL 33480		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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: *Dena Benafield* DATE: **7/30/98** 561-655-7806
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)