2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46196

FILED May 09, 2006 Secretary of State

Entity Name: CASA VILLAGGIO CONDOMINIUM ASSOCIATION, INC.

New Principal Place of Business: Current Principal Place of Business:

342 COCONUT ROW PALM BCH, FL 33480 US

Current Mailing Address: New Mailing Address:

PO BOX 368 % PO BOX 368

PALM BEACH, FL 33480 US PALM BEACH, FL 33480 US

FEI Number: 65-0452014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROBINSON, CARALYN P 455 AUSTRALIAN AVE PALM BEACH, FL 33480

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

CURLEY, STEPHEN WRIGHT, SUSAN Name: Name: 342 COCOANUT ROW Address: 342 COCOANUT ROW Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: PALM BEACH, FL 33480

Title: () Delete Title: (X) Change () Addition

BENAFIELD, DENA BENAFIELD, DENA Name: Name: Address: 342 COCOANUT ROW Address: 342 COCOANUT ROW City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: PALM BEACH, FL 33480

Title: () Delete Title: VPT (X) Change () Addition CURLEY, ANN GALIN, PENELOPE Name: Name:

342 COCOANUT ROW Address: Address: 342 COCOANUT ROW City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: PALM BEACH, FL 33480

Title: Title: AS (X) Change () Addition () Delete

GALIN, PENNY Name: Name: ROBINSON, CARALYN P 342 COCOANUT ROW 455 AUSTRALIAN AVENUE Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify for the 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: CARALYN P. ROBINSON AS 05/09/2006