2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46196

Apr 25, 2007 Secretary of State

Entity Name: CASA VILLAGGIO CONDOMINIUM ASSOCIATION, INC.

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

342 COCONUT ROW PALM BCH, FL 33480 US

Current Mailing Address: New Mailing Address:

PO BOX 368

PALM BEACH, FL 33480 US

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

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

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

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.

Name:

SIGNATURE:

Electronic Signature of Registered Agent

US

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DS () Delete (X) Change () Addition WRIGHT, SUSAN 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 Name: Name: BENAFIELD, DENA

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

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

GALIN, PENELOPE GALIN, ROBERT Name: Name: 342 COCOANUT ROW 342 COCOANUT ROW Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: PALM BEACH, FL 33480

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

ROBINSON, CARALYN P Name: 455 AUSTRALIAN AVENUE Address: Address: City-St-Zip: PALM BEACH, FL 33480 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: ROBERT GALIN Ρ 04/25/2007