


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90036 026 ****61.25

DOCUMENT # N46196					
1. Entity Name CASA VILLAGGIO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 342 COCONUT ROW PALM BCH, FL 33480 US			Mailing Address PO BOX 368 PALM BEACH, FL 33480 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBINSON, CARALYN P 455 AUSTRALIAN AVE PALM BEACH, FL 33480				Name ROBINSON, CARALYN P.	
				Street Address (P.O. Box Number is Not Acceptable) 224 DATURA STREET	
				STE. 807	
				City WEST PALM BEACH FL	Zip Code 33401
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Caralyn P. Robinson</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	ST	<input type="checkbox"/> Delete		TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, SUSAN			NAME	CARALYN P. ROBINSON, # 807
STREET ADDRESS	342 COCOANUT ROW			STREET ADDRESS	224 DATURA STREET, # 807
CITY-ST-ZIP	PALM BEACH, FL 33480			CITY-ST-ZIP	WEST PALM BEACH FL. 33401
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENAFIELD, DENA			NAME	
STREET ADDRESS	342 COCOANUT ROW			STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH, FL 33480			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALIN, ROBERT			NAME	
STREET ADDRESS	342 COCOANUT ROW			STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH, FL 33480			CITY-ST-ZIP	
TITLE	AS	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, CARALYN P			NAME	
STREET ADDRESS	455 AUSTRALIAN AVENUE			STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH, FL 33480			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Caralyn P. Robinson</u>				1/11/08 5616558013	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	



01122008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0452014 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Name ROBINSON, CARALYN P.
 Street Address (P.O. Box Number is Not Acceptable) 224 DATURA STREET
 STE. 807
 City WEST PALM BEACH FL Zip Code 33401

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	ST	<input type="checkbox"/> Delete
NAME	WRIGHT, SUSAN	
STREET ADDRESS	342 COCOANUT ROW	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BENAFIELD, DENA	
STREET ADDRESS	342 COCOANUT ROW	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	P	<input type="checkbox"/> Delete
NAME	GALIN, ROBERT	
STREET ADDRESS	342 COCOANUT ROW	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, CARALYN P	
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CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARALYN P. ROBINSON, # 807	
STREET ADDRESS	224 DATURA STREET, # 807	
CITY-ST-ZIP	WEST PALM BEACH FL. 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: Caralyn P. Robinson 1/11/08 5616558013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #