

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46196

FILED
Apr 08, 2009
Secretary of State

Entity Name: CASA VILLAGGIO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

342 COCONUT ROW
PALM BCH, FL 33480 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 368
PALM BEACH, FL 33480 US

New Mailing Address:

PO BOX 2918
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:

ROBINSON, CARALYN P
224 DATURA STREET
STE 807
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

HALLETT, RICHARD
120 SO. OLIVE AVE.
SUITE 209
WEST PALM BEACH, FL 33401 US

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: RICHARD HALLETT

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: WRIGHT, SUSAN
Address: 342 COCOANUT ROW
City-St-Zip: PALM BEACH, FL 33480

Title: VP () Delete
Name: BENAFIELD, DENA
Address: 342 COCOANUT ROW
City-St-Zip: PALM BEACH, FL 33480

Title: P () Delete
Name: GALIN, ROBERT
Address: 342 COCOANUT ROW
City-St-Zip: PALM BEACH, FL 33480

Title: AS () Delete
Name: ROBINSON, CARALYN P
Address: 224 DATURA STREET #807
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: WRIGHT, SUSAN
Address: 342 COCOANUT ROW
City-St-Zip: PALM BEACH, FL 33480

Title: VPD (X) Change () Addition
Name: BENAFIELD, DENA
Address: 342 COCOANUT ROW
City-St-Zip: PALM BEACH, FL 33480

Title: PD (X) Change () Addition
Name: GALIN, ROBERT
Address: 342 COCOANUT ROW
City-St-Zip: PALM BEACH, FL 33480

Title: SD (X) Change () Addition
Name: GALIN, PENNY
Address: 342 COCOANUT ROW
City-St-Zip: PALM BEACH, FL 33401

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

PD

04/08/2009

Electronic Signature of Signing Officer or Director

Date