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Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N93000002088 (3)**

1. Corporation Name

CASA DI RAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**4300 S. OCEAN BLVD.
HIGHLAND BEACH FL**

Mailing Address

**4300 S. OCEAN BLVD.
HIGHLAND BEACH FL 33487-4240**3. Date Incorporated or Qualified
05/07/19933a. Date of Last Report
04/25/1996

2. Principal Place of Business

21
Suite, Apt. #, etc.**22**
City & State**23**
Zip Country**24****25**

2a. Mailing Address

26
Suite, Apt. #, etc.**27**
City & State**28**
Zip Country**29****30**4. FEI Number
65-0582854Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MASCIARELLA, LORETTA B
4300 S. OCEAN BLVD.
APT. 1
HIGHLAND BEACH FL 33487**

10. Name and Address of New Registered Agent

81 Name**82** Street Address (P.O. Box Number is Not Acceptable)**83****84** City**FL****85** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ DELETE
NAME **MASCIARELLA, LORETTA B**
STREET ADDRESS **4300 S. OCEAN BLVD., APT. 1**
CITY - ST - ZIP **HIGHLAND BEACH FL 33487**TITLE **D** ☐ DELETE
NAME **MASCIARELLA II, RAYMOND M.**
STREET ADDRESS **840 US HIGHWAY ONE, SUITE 340**
CITY - ST - ZIP **NORTH PALM BEACH FL**TITLE **D** ☐ DELETE
NAME **MASCIARELLA, ANDREW**
STREET ADDRESS **840 US HIGHWAY ONE, SUITE 340**
CITY - ST - ZIP **NORTH PALM BEACH FL**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1-8-97**
DateDaytime Phone # **0039735**

CR2E037 (9/96)