


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90081 010 ****61.25

| | |
|-------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # N93000002088 |  |
| 1. Entity Name | |
| CASA DI RAY CONDOMINIUM ASSOCIATION, INC. | |

| | |
|------------------------------------------|------------------------------------------|
| Principal Place of Business | Mailing Address |
| 4300 S. OCEAN BLVD. HIGHLAND BEACH FL | 4300 S. OCEAN BLVD. HIGHLAND BEACH FL |

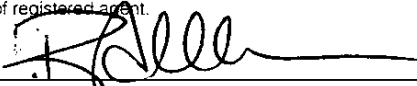
| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|-------------------------|-------------------------|
| City & State | City & State |
| Zip | Country |

| | | |
|------------------------------------------------------------------|--|---------------------------------------------------------------|
| 4. FEI Number 65-0582854 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

| |
|------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent |
| MASCIARELLA, LORETTA B 4300 S. OCEAN BLVD. APT. 1 HIGHLAND BEACH FL 33487 |

| |
|------------------------------------------------------------------------------|
| 7. Name and Address of New Registered Agent |
| Name Raymond M. Masciarella |
| Street Address (P.O. Box Number is Not Acceptable) 840 US Hwy One Ste 340 |
| City North Palm Beach FL Zip Code 33408 |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| 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  | DATE 2-14-6 |

| | | | |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | 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 PSD | NAME MASCIARELLA, LORETTA B | TITLE | NAME |
| STREET ADDRESS 4300 S. OCEAN BLVD., APT. 1 | CITY-ST-ZIP HIGHLAND BEACH FL 33487 | STREET ADDRESS | CITY-ST-ZIP |
| <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D | NAME MASCIARELLA II, RAYMOND M. | TITLE | NAME |
| STREET ADDRESS 840 US HIGHWAY ONE, SUITE 340 | CITY-ST-ZIP NORTH PALM BEACH FL | STREET ADDRESS | CITY-ST-ZIP |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D | NAME MASCIARELLA, ANDREW | TITLE | NAME |
| STREET ADDRESS 840 US HIGHWAY ONE, SUITE 340 | CITY-ST-ZIP NORTH PALM BEACH FL | STREET ADDRESS | CITY-ST-ZIP |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP | STREET ADDRESS | CITY-ST-ZIP |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP | STREET ADDRESS | CITY-ST-ZIP |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP | STREET ADDRESS | CITY-ST-ZIP |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  | DATE 2-14-6 | FILE NUMBER 546874448 |
|----------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|