


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000001038
 1. Entity Name
CASA PLAYA AT PASS-A-GRILLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
3110 1ST ST WEST **P.O. BOX 729**
ST PETE BCH, FL 33706 US **ST PETERSBURG, FL 33731-0729 US**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number **59-3353960** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ERDMAN, JJ
696 1ST AVE. N.
SUITE #102
SAINT PETERSBURG, FL 33701

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2006

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

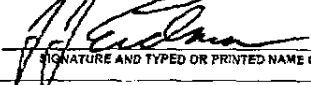
000000475252
 04/05/06-80008-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANDERSON, GERRY
STREET ADDRESS	3100 FIRST ST. WEST #202
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706
TITLE	DT
NAME	AMRHEIN, JIM
STREET ADDRESS	3110 1ST ST WEST UNIT 301
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706
TITLE	D
NAME	GOSSETT, AL
STREET ADDRESS	3110 1ST ST. WEST #302
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  **3/15/06 727-821-4891**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #