

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000716

FILED
Jan 21, 2008
Secretary of State

Entity Name: CASA BONA CONDOMINIUM, INC.

Current Principal Place of Business:

714 NE 10TH ST
HALLANDALE, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

714 NE 10TH ST
HALLANDALE, FL 33009 US

New Mailing Address:

FEI Number: 59-1467587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIGLIA, CONCETTA
714 NE 10TH ST
#303
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TRIGLIA, CONCETTA
Address: 714 NE 10TH ST. 303
City-St-Zip: HALLANDALE, FL 33039

Title: VD () Delete
Name: TORRES, FRANK
Address: 714 NE 10TH ST. #304
City-St-Zip: HALLANDALE, FL 33009

Title: TSD () Delete
Name: DONADO, KARLA
Address: 714 NE 10TH ST, #106
City-St-Zip: HALLANDALE, FL 33009

Title: SD () Delete
Name: JOVANOSKI, NATALIA
Address: 714 NE 10TH STREET #208
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TSD (X) Change () Addition
Name: MERCED, LOURDES
Address: 714 NE 10TH ST, #309
City-St-Zip: HALLANDALE, FL 33009

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CONCETTA TRIGLIA

PD

01/21/2008

Electronic Signature of Signing Officer or Director

Date