2006 NOT-FOR-PROFIT CORPORATION

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

May 02, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N96000002181 05-02-2006 90178 030 ****61.25 1. Entity Name CASABLANCA ON THE BEACH CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 3800 GULF BLVD 3800 GULF BLVD SUITE II SUITE II ST PETE BCH, FL 33706 ST PETE BCH, FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number NOT APPLICABLE Applied For Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHNOOR, FRANK Street Address (P.O. Box Number is Not Acceptable) 7217 GULF BLVD. SUITE 6 SAINT PETERSBURG BEACH, FL 33706 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE □ Detete TITLE ☐ Addition NAME MENENDEZ, FRANCISCO DR NAME STREET ADDRESS 3800 GULF BLVD P-1 STREET ADDRESS SAINT PETERSBURG, FL 33706 CITY-ST-78P CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition MANGAR, DEVAN DR NAME NAME STREET ADDRESS 3800 GULF BLVD P-2 STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG BEACH, FL 33706 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition KELLEY, MICHAEL NAME NAME STREET ADDRESS 300 EAST 9TH ST., STE 1901 STREET ADDRESS CITY-ST-ZIP CLEVELAND, OH 44114 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

☐ Change

☐ Addition

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.

CITY-ST-7IP

STREET ADDRESS CITY-\$T-ZIP

TITLE

NAME

☐ Delete

FRANCISCO MENENDEZ 4-FUY/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR