2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002181

FILED Apr 24, 2008 Secretary of State

Entity Name: CASABLANCA ON THE BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3800 GULF BLVD SUITE II

ST PETE BCH, FL 33706 US

New Mailing Address: Current Mailing Address:

352 150TH AVENUE SUITE E

MADEIRA BEACH, FL 33708 US

FEI Number: 58-2281007 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MANGAR, DEVANAND ADAMS, JOYCE 352 150TH AVE 360 BLANCA AVENUE

TAMPA, FL 33606 SUITE E MADEIRA BEACH, FL 33708 US

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: JOYCE ADAMS 04/24/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete MENENDEZ, FRANCISCO DR MENENDEZ, FRANCISCO DR Name: Name: 3800 GULF BLVD P-1 Address: 3800 GULF BLVD P-1 Address: City-St-Zip: ST PETERSBURG BEACH, FL 33706 City-St-Zip: ST PETERSBURG BEACH, FL 33706

Title: () Delete Title: (X) Change () Addition MANGAR, DEVAN DR Name: MANGAR, DEVAN DR Name: Address: 360 BLANCA AVENUE Address: 360 BLANCA AVENUE

City-St-Zip: TAMPA, FL 33606 City-St-Zip: TAMPA, FL 33606

Title: () Delete Title: (X) Change () Addition

KELLEY, LYNN Name: KELLEY, LYNN Name:

35275 S. WOODLAND ROAD 35275 S. WOODLAND ROAD Address: Address: City-St-Zip: CHAGRIN FALLS, OH 44022 City-St-Zip: CHAGRIN FALLS, OH 44022

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: JOYCE ADAMS LCAM 04/24/2008