## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000003683

FILED Apr 28, 2005 Secretary of State

Entity Name: CASA PLAYA OF DELRAY BEACH CONDOMINIUM ASSOCIATION, INC.

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

951 BROKEN SOUND PKY 1855 S OCEAN BLVD

STE 250

BOCA RATON, FL 33487 US BOCA RATON, FL 33483 US

Current Mailing Address: New Mailing Address:

951 BROKEN SOUND PKY 1855 S OCEAN BLVD

STE 250 #1

BOCA RATON, FL 33487 US BOCA RATON, FL 33483 US

FEI Number: 65-0756650 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:

COMMUNITY ASSOCIATION SERVICES PAUL, FINIZIO
951 BROKEN SOUND PKY 1855 S OCEAN BLVD

STE #250 #1
BOCA RATON, FL 33487 US BOCA RATON, FL 33483 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: PAUL FINIZIO 04/28/2005

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADD

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 SANTANGELO, PAT
 Name:
 ELKMAN, RICHARD

 Address:
 1855 SO OCEAN BLVD #3
 Address:
 1855 SO OCEAN BLVD #4

Address: 1855 SO OCEAN BLVD #3 Address: 1855 SO OCEAN BLVD #4

City-St-Zip: DELRAY BEACH, FL 33483 US City-St-Zip: DELRAY BEACH, FL 33483 US

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

 Name:
 FRIEDMAN, STUART
 Name:
 FINIZIO, PAUL

 Address:
 1855 SO OCEAN BLVD., #10
 Address:
 1855 SO OCEAN BLVD., #1

 City-St-Zip:
 DELRAY BEACH, FL 33483 US
 City-St-Zip:
 DELRAY BEACH, FL 33483 US

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

Name: ROSETTI, RON Name: ROSETTI, RON

 Address:
 1855 SO OCEAN BLVD., #6
 Address:
 1855 SO OCEAN BLVD., #6

 City-St-Zip:
 DELRAY BEACH, FL 33483 US
 City-St-Zip:
 DELRAY BEACH, FL 33483 US

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf TS} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

Name: PONTE, PAUL Name: PONTE, PAUL

 Address:
 1855 SO OCEAN BLVD., #8
 Address:
 1855 SO OCEAN BLVD., #8

 City-St-Zip:
 DELRAY BEACH, FL 33483 US
 City-St-Zip:
 DELRAY BEACH, FL 33483 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAUL FINIZIO PD 04/28/2005