


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90065 037 ****61.25

DOCUMENT # N96000003683 1. Entity Name CASA PLAYA OF DELRAY BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1855 S OCEAN BLVD #1 BOCA RATON, FL 33483 US			Mailing Address 1855 S OCEAN BLVD #1 BOCA RATON, FL 33483 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0756650			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PAUL, FINIZIO 1855 S OCEAN BLVD #1 BOCA RATON, FL 33483			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SEC		TITLE	SEC	
NAME	ELKMAN, RICHARD <input checked="" type="checkbox"/> Delete		NAME	Jerry Rawlands <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	1855 SO OCEAN BLVD #4		STREET ADDRESS	1855 So. Ocean Blvd. #2	
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP	DeLray Beach, FL 33483	
TITLE	PD		TITLE		
NAME	FINIZIO, PAUL <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	1855 SO OCEAN BLVD., #1		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	VP		TITLE	VP	
NAME	ROSETTI, RON <input checked="" type="checkbox"/> Delete		NAME	Carol Rossetti <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	1855 SO OCEAN BLVD., #6		STREET ADDRESS	1855 So. Ocean Blvd., #6	
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP	DeLray Beach, FL 33483	
TITLE	TS		TITLE		
NAME	PONTE, PAUL <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	1855 SO OCEAN BLVD., #8		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE			TITLE		
NAME	<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME	<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Carol Rossetti</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <u>3-8-06</u>				Daytime Phone # <u>613-785-1318</u>	