

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 14, 2008
Secretary of State**

DOCUMENT# N96000005326

Entity Name: CASA MARINA BOATING ASSOCIATION, INC.

Current Principal Place of Business:

4371 BAY BEACH LN
FT MYERS BEACH, FL 33931 US

New Principal Place of Business:

900 HOLLY COURT
SLEEPY HOLLOW, IL 60118

Current Mailing Address:

1140 N MCLEAN BLVD
SUITE I
ELGIN, IL 60123 US

New Mailing Address:

FEI Number: 65-0703215 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RABE, W. JOHN
4371 BAY BEACH LANE UNIT 511
FT. MYERS BEACH, FL 33931 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: DPS () Delete
Name: GRIBBLE, ROBERT
Address: 4371 BAY BEACH LANE
City-St-Zip: FT MYERS BEACH, FL 33931

Title: DVP () Delete
Name: RABE, W. JOHN
Address: 4183 BAY BEACH LN.
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: TD () Delete
Name: RABE, W. JOHN
Address: 900 HOLLY COURT
City-St-Zip: SLEEPY HOLLOW, IL 60118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change () Addition
Name: RABE, W. JOHN
Address: 4371 BAY BEACH LN.
City-St-Zip: FORT MYERS BEACH, FL 33931

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: W. JOHN RABE

TD

07/14/2008

Electronic Signature of Signing Officer or Director

_____ Date