## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000004938

FILED Jan 13, 2008 Secretary of State

Entity Name: CASA OLIVIA CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Bus	New Principal Place of Business:	
<b>#</b> 3	IA STREET T, FL 33040 US	1402 OLIVIA STREET KEY WEST, FL 33040 US		
	lailing Address:	New Mailing Address:		
	'IA STREET			
<b>#</b> 3				
	T, FL 33040 US			
El Number	: 65-0801736 FEI Number #	pplied For ( ) FEI Number Not Applicable ( ) Cert	ificate of Status Desired ( )	
Name and	I Address of Current Regis	ered Agent: Name and Address of New I	Registered Agent:	
1402 OLIV #3	OOUGLAS R IA STREET T, FL 33040 US			
	named entity submits this st e of Florida.	atement for the purpose of changing its registered office	or registered agent, or both,	
SIGNATU				
	Electronic Signature c		Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR	
ītle: lame: Address: City-St-Zip:	P () Delete PRYOR, DOUGLAS R 1402 OLIVIA STREET, #3 KEY WEST, FL 33040	Title: ( ) Char Name: Address: City-St-Zip:	ge () Addition	
Title:	T () Delete	Title: ( ) Char	ge ( ) Addition	
Name: Address: City-St-Zip:	BURNS, JOHN T 1402 OLIVIA STREET, #3 KEY WEST, FL 33040	Name: Address: City-St-Zip:		
√ame: √ddress:	BURNS, JOHN T 1402 OLIVIA STREET, #3	Address: City-St-Zip:	ge ( ) Addition	
Name: Address: City-St-Zip: Fitle: Name: Address:	BURNS, JOHN T 1402 OLIVIA STREET, #3 KEY WEST, FL 33040  D () Delete BLAIS, MARIE-CLAIRE 1402 OLIVIA ST # 2	Address: City-St-Zip: Title: ( ) Char Name: Address: City-St-Zip:	ge ( ) Addition ge ( ) Addition	
lame: Address: Dity-St-Zip: Title: Jame: Address: Dity-St-Zip: Title: Jame: Address:	BURNS, JOHN T 1402 OLIVIA STREET, #3 KEY WEST, FL 33040  D () Delete BLAIS, MARIE-CLAIRE 1402 OLIVIA ST # 2 KEY WEST, FL 33040 US  D () Delete COUNCIL, CODY 21 WINSTON AVE	Address: City-St-Zip:  Title: ( ) Char Name: Address: City-St-Zip:  Title: ( ) Char Name: Address: City-St-Zip:	ge ( ) Addition nge ( ) Addition ID D IT#1	

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: DOUGLAS R PRYOR P 01/13/2008