2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006
Secretary of State

DOCUMENT# N99000000899

Entity Name: CASA DEL LAGO CONDOMINIUM ASSOCIATION OF PALM BEACH, INC.

Current Principal Place of Business:

325 SO. LAKE DR.
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

PO BOX 368
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 65-0994530 **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:

ROBINSON, CARALYN P
455 AUSTRALIAN AVE
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

PELL, HAROLD MANAGER
325 SOUTHLAKE DRIVE
PALM BEACH, FL 33480 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: HAROLD PELL 05/09/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BRYANT, PATRICIA K
Address: 325 SOUTHLAKE DR
City-St-Zip: PALM BEACH, FL 33480

Title: V ( ) Delete
Name: O'DONNELL, ROBERT
Address: 325 SOUTHLAKE DR
City-St-Zip: PALM BEACH, FL 33480

Title: ST ( ) Delete
Name: GRAHAM, MICHAEL
Address: 325 SOUTHLAKE DR
City-St-Zip: PALM BEACH, FL 33480

Title: AS ( ) Delete
Name: ROBINSON, CARALYN P
Address: 455 AUSTRALIAN AVE
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: AS (X) Change ( ) Addition
Name: PELL, HAROLD MANAGER
Address: 325 SOUTHLAKE DRIVE
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA K. BRYANT P 05/09/2006
Electronic Signature of Signing Officer or Director Date