2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/7

FILED
Jun 13, 2007 8:00 am
Secretary of State
04-27-2007 90202 030 ****61.25

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DOCUMENT # N99000000899

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

Principal Place of Business	Mailing Address
325 SO. LAKE DR. PALM BEACH, FL 33480	PO BOX 368 PALM BEACH, FL 33480

02262007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	P.O. BOX 2319 Suite, Apt. #, etc.
City & State	PALM BEACH, FL City & State
Zip / Country	33480 / PALM BEACH

4. FEI Number 65-0994530 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PELL, HAROLD MANAGER 325 SOUTHLAKE DRIVE PALM BEACH, FL 33480	Name: Leslie Robert Evans & Associates P.A. Street Address (P.O. Box Number is Not Acceptable): Attention: Gaël Revico 200 Brazilian Avenue Ste 200 City: Palm Beach FL Zip Code: 33480

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: H. R. O 4/23/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BRYANT, PATRICIA K 325 SOUTHLAKE DR PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V O'DONNELL, ROBERT 325 SOUTHLAKE DR PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST GRAHAM, MICHAEL 325 SOUTHLAKE DR PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS PELL, HAROLD MANAGER 325 SOUTHLAKE DRIVE PALM BEACH, FL 33480	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Patricia K. Bryant PATRICIA K. BRYANT 4/25/07 818 8189533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PRESIDENT