### 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 731679** 

Entity Name: CASA CLARA CONDOMINIUM ASSOCIATION, INC.

**FILED** Feb 03, 2022 Secretary of State 4909190721CC

## **Current Principal Place of Business:**

201 EAST OCEAN DRIVE

KEY COLONY BCH. FL 33051-0299

# **Current Mailing Address:**

P.O.BOX 510299 201 EAST OCEAN DRIVE

KEY COLONY BCH, FL 33051-0299 US

FEI Number: 59-1642192 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

ROGEL, DAVID H ESQ C/O BECKER & POLIAKOFF, P.A. 121 ALHAMBRA PLAZA 10TH FL CORAL GABLES, FL 33134 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: KENNETH LOWRY 02/03/2022

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title ٧P Title **TREASURER** Name BOYLAN, PAMELA Name POLK, BONNIE

Address 201 OCEAN DR., EAST Address 201 OCEAN DR., EAST UNIT 3-312 P.O. BOX 510299

UNIT 1-309 P.O. BOX 510299

KEY COLONY BCH FL 33051-0299 KEY COLONY BCH FL 33051-0299 City-State-Zip: City-State-Zip:

**OMBUDSMAN** SECRETARY Title Title HABUSTA, STEVEN TAMMA, CARLA Name Name

201 OCEAN DR., EAST Address

UNIT 1-104 P.O. BOX 510299

201 OCEAN DR., EAST Address UNIT 1-203 P.O. BOX 510299

KEY COLONY BCH FL 33051-0299 KEY COLONY BCH FL 33051-0299 City-State-Zip: City-State-Zip:

Title ASST. SECRETARY Title ASST. TREASURER Name THUL, LAWRENCE Name WAGNER, LARRY Address

201 OCEAN DR., EAST Address 201 OCEAN DR., EAST

UNIT 3-106 P.O. BOX 510299 UNIT 1-106 P.O. BOX 510299

City-State-Zip: KEY COLONY BCH FL 33051-0299 City-State-Zip: KEY COLONY BCH FL 33051-0299

Title **PRESIDENT** Title COMMUNITY ASSOCIATION

MANAGER

TATARCHUK, BARBARA SOLSBURG, LAURA Name

201 OCEAN DR., EAST

201 E. OCEAN DRIVE Address UNIT 1-105 P.O. BOX 510299 P.O. BOX 510299 UNIT 1-201 KEY COLONY BCH FL 33051-0299

City-State-Zip: KEY COLONY BEACH FL 33051

I hereby 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 all other like empowered.

SIGNATURE: LAURA SOLSBURG

Name

Address

City-State-Zip:

CONDOMINIUM ASSOCIATION MANAGER 02/03/2022