## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 753126** 

Entity Name: CASARINA CONDOMINIUM ASSOCIATION, INC.

FILED Apr 14, 2016 Secretary of State CC8983242045

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

5880 MIDNIGHT PASS ROAD SARASOTA, FL 34242

## **Current Mailing Address:**

5880 MIDNIGHT PASS ROAD SARASOTA, FL 34242

FEI Number: 59-2217899 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

LACEY, JEFFREY P 5880 MIDNIGHT PASS ROAD C/O CASARINA OFFICE SARASOTA, FL 34242 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title D Title T

Name KLINE, DOUG Name JAMES, ROBERT

Address 5880 MIDNIGHT PASS ROAD # 803 Address 5880 MIDNIGHT PASS RD #706

City-State-Zip: SARASOTA FL 34242 City-State-Zip: SARASOTA FL 34242

Title S, VP Title F

Name SINGER, TOM Name COPPOLA, RALPH

Address 5880 MIDNIGHT PASS ROAD # 606 Address 5880 MIDNIGHT PASS ROAD #301

City-State-Zip: SARASOTA FL 34242 City-State-Zip: SARASOTA FL 34242

Title D

Name FREY, PAUL

Address 5880 MIDNIGHT PASS ROAD #209

City-State-Zip: SARASOTA FL 34242

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: RALPH COPPOLA

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/14/2016