2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2020
Secretary of State
5917515732CC

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Entity Name: CASARINA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5880 MIDNIGHT PASS ROAD
SARASOTA, FL 34242

Current Mailing Address:

5880 MIDNIGHT PASS ROAD
SARASOTA, FL 34242 US

FEI Number: 59-2217899

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CADIGAN, CHRIS
5880 MIDNIGHT PASS ROAD
UNIT 504
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	PRESIDENT
Name	CADIGAN, CHRISTOPHER
Address	5880 MIDNIGHT PASS ROAD
City-State-Zip:	SARASOTA FL 34242

Title	VICE PRESIDENT
Name	KLINE, DOUGLAS
Address	5880 MIDNIGHT PASS ROAD
City-State-Zip:	SARASOTA FL 34242

Title	DIRECTOR
Name	KOCH, DANIEL
Address	5880 MIDNIGHT PASS ROAD #703
City-State-Zip:	SARASOTA FL 34242

Title	DIRECTOR, SECRETARY
Name	KALEC, KAREN
Address	5880 MIDNIGHT PASS ROAD
City-State-Zip:	SARASOTA FL 34242

Title	TREASURER
Name	WOLF, JOHN
Address	5880 MIDNIGHT PASS ROAD
City-State-Zip:	SARASOTA FL 34242

Title	DIRECTOR
Name	HAMILTON, DAVID
Address	5880 MIDNIGHT PASS ROAD
City-State-Zip:	SARASOTA FL 34242

Title	DIRECTOR
Name	HUFFMAN, ROGER
Address	5880 MIDNIGHT PASS ROAD
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: CHRISTOPHER CADIGAN PRESIDENT 04/01/2020

Electronic Signature of Signing Officer/Director Detail — Date