2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2013
Secretary of State
CC8847978355

DOCUMENT# 753126

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

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	VP	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	Title	P
Name	RUSSELL, WILLIAM	Name	WEBER, ROBERT
Address	5880 MIDNIGHT PASS ROAD # 710	Address	5880 MIDNIGHT PASS ROAD # 602
City-State-Zip:	SARASOTA FL 34242	City-State-Zip:	SARASOTA FL 34242
Title	D	Title	D
Name	COPPOLA, RALPH	Name	FREY, PAUL
Address	5880 MIDNIGHT PASS ROAD #301	Address	5880 MIDNIGHT PASS ROAD #209
City-State-Zip:	SARASOTA FL 34242	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: ROBERT WEBER PRESIDENT 03/15/2013

Electronic Signature of Signing Officer/Director Detail — Date