2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2018
Secretary of State
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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

FEI Number: 59-2217899

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BYRAM, JENNIE L
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: JENNIE L. BYRAM 04/19/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	COPPOLA, RALPH
Address	5880 MIDNIGHT PASS ROAD
City-State-Zip:	SARASOTA FL 34242

Title	VICE PRESIDENT AND SECRETARY
Name	SINGER, TOM
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
Name	KALEC, KAREN
Address	5880 MIDNIGHT PASS ROAD
City-State-Zip:	SARASOTA FL 34242

Title	TREASURER
Name	JAMES, ROBERT
Address	5880 MIDNIGHT PASS RD
City-State-Zip:	SARASOTA FL 34242

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

Title	DIRECTOR
Name	KLINE, DOUG
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: RALPH COPPOLA PRESIDENT 04/19/2018

Electronic Signature of Signing Officer/Director Detail — Date