

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000010648

**Entity Name:** C.A. PROPERTIES OF FLORIDA, INC

**Current Principal Place of Business:**

11150 N WILLIAMS STREET  
UNIT 8  
DUNNELLON, FL 34432

**Current Mailing Address:**

11150 N WILLIAMS STREET  
UNIT 8  
DUNNELLON, FL 34432 US

**FEI Number:** 46-4841705

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OPALESKI, CHAD J  
11150 N WILLIAMS STREET  
UNIT 8  
DUNNELLON, FL 34432 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  
Name           OPALESKI, CHAD J  
Address        11150 N WILLIAMS STREET UNIT 8  
City-State-Zip: DUNNELLON FL 34432

Title           P  
Name           OPALESKI, CAROL A  
Address        11150 N WILLIAMS STREET UNIT 8  
City-State-Zip: DUNNELLON FL 34432

Title           S  
Name           OPALESKI, ANDREW J  
Address        11150 N WILLIAMS STREET UNIT 8  
City-State-Zip: DUNNELLON FL 34432

Title           T  
Name           MCCORMACK, ANGELA C  
Address        11150 N WILLIAMS STREET UNIT 8  
City-State-Zip: DUNNELLON FL 34432

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CAROL OPALESKI

**PRESIDENT**

**04/11/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date