

City of Key West
Planning Department



Authorization Form
(Where Owner is a Business Entity)

Please complete this form if someone other than the owner is representing the property owner in this matter.

I, WILLIAM J STEIN as
Please Print Name of person with authority to execute documents on behalf of entity

MANAGING MEMBER of CASA MARINA OWNER LLC
Name of office (President, Managing Member) Name of owner from deed

authorize ROBERT RUBENSTEIN
Please Print Name of Representative

to be the representative for this application and act on my/our behalf before the City of Key West.

[Signature]
Signature of person with authority to execute documents on behalf on entity owner

Subscribed and sworn to (or affirmed) before me on this _____ Date

by WILLIAM J STEIN
Name of person with authority to execute documents on behalf on entity owner

He/She is personally known to me or has presented N/A as identification.

[Signature]
Notary's Signature and Seal

Maria L. D'Dio
Name of Acknowledger typed, printed or stamped

11/5/2015
Commission Number, if any



**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS****Detail by Entity Name****Foreign Limited Liability Company**

CASA MARINA OWNER, LLC

Filing Information

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Principal Address501 E. CAMINO REAL
BOCA RATON, FL 33432

Changed: 04/13/2012

Mailing Address501 E. CAMINO REAL
BOCA RATON, FL 33432

Changed: 04/13/2012

Registered Agent Name & AddressCORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**Authorized Person(s) Detail****Name & Address**

Title MGR

BEOVICH, ANTHONY
501 EAST CAMINO REAL
BOCA RATON, FL 33432

Title MGR

GRAY, JONATHAN D

501 EAST CAMINO REAL
BOCA RATON, FL 33432

Title MGR

SUMERS, GARY M
501 E. CAMINO REAL
BOCA RATON, FL 33432

Title MGR

STEIN, WILLIAM J
501 E. CAMINO REAL
BOCA RATON, FL 33432



Title MGR

MCDONAGH, DENNIS
501 E. CAMINO REAL
BOCA RATON, FL 33432

Title MGR

CAPLAN, KENNETH A
501 E. CAMINO REAL
BOCA RATON, FL 33432

Annual Reports

Report Year	Filed Date
2012	04/13/2012
2013	04/02/2013
2014	04/18/2014

Document Images

04/18/2014 -- ANNUAL REPORT	View image in PDF format
04/02/2013 -- ANNUAL REPORT	View image in PDF format
01/28/2013 -- LC Amendment	View image in PDF format
04/13/2012 -- ANNUAL REPORT	View image in PDF format
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10/03/2006 -- REINSTATEMENT	View image in PDF format
08/14/2006 -- LC Amendment	View image in PDF format
04/28/2005 -- Foreign Limited	View image in PDF format

62335
CASA MARINA

City of Key West
Planning Department



Authorization Form
(Where Owner is a Business Entity)

Please complete this form if someone other than the owner is representing the property owner in this matter.

I, ROBERT RUBENSTEIN as
Please Print Name of person with authority to execute documents on behalf of entity

SVP of CASA MARINA OWNER LLC
Name of office (President, Managing Member) *Name of owner from deed*

authorize CHARLES FINK SBA
Please Print Name of Representative

to be the representative for this application and act on my/our behalf before the City of Key West.

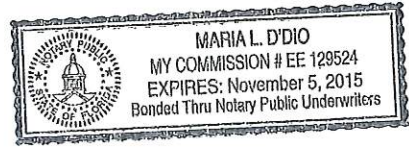
X [Signature]
Signature of person with authority to execute documents on behalf on entity owner

Subscribed and sworn to (or affirmed) before me on this 7/1/14
Date

by ROBERT RUBENSTEIN
Name of person with authority to execute documents on behalf on entity owner

He/She is personally known to me or has presented _____ as identification.

[Signature]
Notary's Signature and Seal



Maria L. D'DIO
Name of Acknowledger typed, printed or stamped

#EE 129524
Commission Number, if any

City of Key West
Planning Department



Verification Form

(Where Authorized Representative is an individual)

I, CHARLES FINK, being duly sworn, depose and say that I am the Authorized Representative of the Owner (as appears on the deed), for the following property identified as the subject matter of this application:

1500 REYNOLDS STREET

Street address of subject property

All of the answers to the above questions, drawings, plans and any other attached data which make up the application, are true and correct to the best of my knowledge and belief. In the event the City or the Planning Department relies on any representation herein which proves to be untrue or incorrect, any action or approval based on said representation shall be subject to revocation.

Signature of Authorized Representative

Subscribed and sworn to (or affirmed) before me on this 9-17-14 by _____ by
date

CHARLES F. FINK

Name of Authorized Representative

He/She is personally known to me or has presented _____ as identification.

Notary's Signature and Seal

Name of Acknowledger typed, printed or stamped



Commission Number, if any