FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725423 (8)

1. Corporation Name

CASA SEVILLE OWNERS ASSOCIATION INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O ADVANCED MANAGEMENT, INC. 899 WOODBRIDGE DRIVE VENICE FL 34293	C/O ADVANCED MANAGEMENT, INC. 899 WOODBRIDGE DRIVE VENICE FL 34293

3. Date Incorporated or Qualified: 01/30/1973
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-1054420 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DOUGLASS, JESSICA E 899 WOODBRIDGE DRIVE VENICE FL 34293	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Jessica E. Douglass 4-18-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PTD~~	11 TITLE	VP/DT	☑ Change ☐ Addition
NAME	ALDEN, BRADFORD	12 NAME		
STREET ADDRESS	995 LAGUNA DR. #404	13 STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 00000	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	WITTE, ROBERT	22 NAME		
STREET ADDRESS	995 LA GUNA DR 101	23 STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 00000	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	WILSON, HENRY	32 NAME		
STREET ADDRESS	995 LA GUNA DR 304	33 STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 00000	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	ELLIS, JANICE	42 NAME		
STREET ADDRESS	995 LA GUNA DR 308	43 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	44 CITY-ST-ZIP		
TITLE	~~VD~~	51 TITLE	PD	☑ Change ☐ Addition
NAME	HENRY, THOMAS	52 NAME		
STREET ADDRESS	9945 LAGUNA DR. 402	53 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	ABIDIAN, JOHN	62 NAME	ABIDIAN, JOHN	
STREET ADDRESS		63 STREET ADDRESS	995 LAGUNA DR.	
CITY-ST-ZIP		64 CITY-ST-ZIP	VENICE, FL. 34285	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] BRADFORD F. ALDEN VP + TREAS 4-5-95 813-493-0987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0019194