

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 725423 (8)**

1. Corporation Name

**CASA SEVILLE OWNERS ASSOCIATION INC.**



Principal Place of Business <b>C/O ADVANCED MANAGEMENT, INC. 899 WOODBRIDGE DRIVE VENICE FL 34293</b>	Mailing Address <b>C/O ADVANCED MANAGEMENT, INC. 899 WOODBRIDGE DRIVE VENICE FL 34293</b>
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3. Date Incorporated or Qualified <b>01/30/1973</b>	3a. Date of Last Report <b>04/27/1995</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-1054420</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24. Country	29. Country	30. Country		

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Jessica E. Douglass - Agent - Jessica Douglas DATE: 5-10-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPDT ALDEN, BRADFORD 995 LAGUNA DR. #404 VENICE, FL 00000	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Lamberty, Clifford 853 Bayport Cir Venice, FL 34292
NAME	D WITTE, ROBERT 995 LA GUNA DR 101 VENICE, FL 00000	<input type="checkbox"/> DELETE	2.1 TITLE Witte, Robert 995 Laguna Dr 101 Venice FL 34286
STREET ADDRESS	SD ELLIS, JANICE 995 LA GUNA DR 306 VENICE FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Benny, John 995 Laguna Dr #203 Venice, FL 34285
CITY-ST-ZIP	PD HENRY, THOMAS 9945 LAGUNA DR. 402 VENICE FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Berutich Jack 995 Laguna Dr #206 Venice, FL 34285
CITY-ST-ZIP	D ABIDIAN, JOHN 995 LAGUNA DR. VENICE FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE
NAME		<input type="checkbox"/> DELETE	5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
CITY-ST-ZIP			6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

*Bank deposit \$61.25*

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)(k), 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: John M. Berutich DATE: 5-10-96 TELEPHONE: 941-493-0287  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone  
CS 6/19/96

CR2E037 (12/95)