

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90296 025 ****61.25

DOCUMENT # 725423

1. Entity Name
CASA SEVILLE OWNERS ASSOCIATION INC.



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

Mailing Address
**C/O ADVANCED MANAGEMENT, INC.
899 WOODBRIDGE DRIVE
VENICE, FL 34293**

34048326



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1054420

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCLAIN, WILLIAM
899 WOODBRIDGE DRIVE
VENICE, FL 34293**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

William McLean

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/8/04

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
DURSO, MAURO
995 LAGUNA DRIVE, #701
VENICE, FL 34285** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GRIFFIN, LANE
995 LAGUNA DRIVE, #401
VENICE, FL 34285** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HOLDERMAN, RAYMOND
995 LAGUNA DR #803
VENICE, FL 34285** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
Frank Boate
995 LAGUNA DR, #201
VENICE, FL 34285** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
STEWART, ROBERT
316 PARK LANE
VENICE, FL 34285** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VITANZA, SALVATORE
995 LAGUNA DR #107
VENICE, FL 34285** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, without being so empowered.

SIGNATURE:

Frank Boate **Frank Boate**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/04 **941-493-0287**