

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 725860

(1)

95 MAY 31 AM 8:11

1. Corporation Name

CASA BLANCA OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

850 S. ATLANTIC WAY
NUMBER 4
COCOA BEACH FL 32931
US

850 S. ATLANTIC AVE.
NUMBER 4
COCOA BEACH FL 32931
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/20/1973

3a. Date of Last Report
05/01/1994

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IRVIN, WILLIAM C.
320 N. ATLANTIC AVE.
P.O. BOX 40
COCOA BEACH FL 32931

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

Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	ARNOULT, PATRICK J.
STREET ADDRESS	850 S. ATLANTIC AVE., #4
CITY - ST - ZIP	COCOA BCH. FL
TITLE	VST
NAME	NOVAK, RAE
STREET ADDRESS	850 S. ATLANTIC AVE., #4
CITY - ST - ZIP	COCOA BCH, FL 00000
TITLE	TD
NAME	EVANS, THOMAS D.
STREET ADDRESS	850 S. ATLANTIC AVE. #6
CITY - ST - ZIP	COCOA BEACH FL
TITLE	SD
NAME	ARNOULT, PATRICK
STREET ADDRESS	850 S. ATLANTIC AVENUE, #4
CITY - ST - ZIP	COCOA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	D
33 STREET ADDRESS	Lamont Garber
34 CITY - ST - ZIP	850 S. Atlantic Ave. No. 3 Cocoa Beach, FL 32931
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 110.07(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: *Rae A. Novak* *Rae A. Novak*

5/25/95 (407) 868-2207