

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 725860 (1)

1. Corporation Name

CASA BLANCA OWNERS' ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified

03/20/1973

3a. Date of Last Report

05/31/1995

2. Principal Place of Business

2a. Mailing Address

21 850 S. ATLANTIC AVE.

26 850 S. ATLANTIC AVE.

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Number 2

27 Number 2

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Cocoa Beach, FL

28 Cocoa Beach, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32931

25 US

29 32931

30 US

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

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 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

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 P
NAME ARNOULT, PATRICK J.
STREET ADDRESS 850 S. ATLANTIC AVE., #4
CITY-ST-ZIP COCOA BCH. FL ☐ DELETE

11 TITLE PD
12 NAME Patrick Arnoult
13 STREET ADDRESS 850 S. Atlantic Ave. No. 4
14 CITY-ST-ZIP Cocoa Beach, FL 32931 ☒ Change ☐ Addition

TITLE VST
NAME NOVAK, RAE
STREET ADDRESS 850 S. ATLANTIC AVE., #4
CITY-ST-ZIP COCOA BCH, FL 00000 ☐ DELETE

21 TITLE VSTM
22 NAME Novak, Rae A.
23 STREET ADDRESS 850 S. Atlantic Ave. No. 2
24 CITY-ST-ZIP Cocoa Beach, FL 32931 ☒ Change ☐ Addition

TITLE D
NAME GARBER, LAMONT
STREET ADDRESS 850 S ATLANTIC AVE NO. 3
CITY-ST-ZIP COCOA BEACH FL ☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME ARNOULT, PATRICK
STREET ADDRESS 850 S. ATLANTIC AVENUE, #4
CITY-ST-ZIP COCOA BEACH FL ☒ DELETE

41 TITLE D
42 NAME Bert Smith
43 STREET ADDRESS 850 S. Atlantic Ave. No. 5
44 CITY-ST-ZIP COCOA BEACH, FL 32931 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)