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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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	Mailing Address
850 S. ATLANTIC WAY NUMBER 2 COCOA BEACH FL 32931 US	850 S. ATLANTIC WAY NUMBER 2 COCOA BEACH FL 32931 US

3. Date Incorporated or Qualified: 03/20/1973

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 850 S. ATLANTIC AVE.	26 850 S. ATLANTIC AVE.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. #2
23 City & State: COCOA BEACH FL	28 City & State: COCOA BEACH FL
24 Zip: 32931 25 Country: US	29 Zip: 32931 30 Country: US

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ARNOULT, PATRICK		1.2 NAME		
STREET ADDRESS	850 S. ATLANTIC AVE., #4		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BCH. FL 32931		1.4 CITY-ST-ZIP		
TITLE	VSTM	☐ DELETE	2.1 TITLE	STM	☒ Change ☐ Addition
NAME	NOVAK, RAE A		2.2 NAME	NOVAK, RAE A.	
STREET ADDRESS	850 S. ATLANTIC AVE., #2		2.3 STREET ADDRESS	850 S ATLANTIC AVE. #2	
CITY-ST-ZIP	COCOA BEACH FL 32931		2.4 CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GARBER, LAMONT		3.2 NAME		
STREET ADDRESS	850 S ATLANTIC AVE NO. 3		3.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	SMITH, BERT		4.2 NAME	SMITH, BERTRAND	
STREET ADDRESS	850 S. ATLANTIC AVENUE, #5		4.3 STREET ADDRESS	850 S. ATLANTIC AVE. #5	
CITY-ST-ZIP	COCOA BEACH FL 32931		4.4 CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE		☐ DELETE	5.1 TITLE	VD	☐ Change ☒ Addition
NAME			5.2 NAME	NEWTON, JAMES	
STREET ADDRESS			5.3 STREET ADDRESS	850 S. ATLANTIC AVE. #1	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE		☐ DELETE	6.1 TITLE	500002416875 -01/30/98--01014--017 ***61.25	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

1/30

14. 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 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 1/21/98 407 868-2207

CR2E037 (10/97)