

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90036 010 ****61.25

DOCUMENT # 725860	
1. Entity Name CASA BLANCA OWNERS' ASSOCIATION, INC.	

Principal Place of Business 850 S. ATLANTIC WAY COCOA BEACH, FL 32931 US	Mailing Address 200 N. FIRST STREET COCOA BEACH, FL 32931 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01042008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3753180	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
SMITH, RANDALL D 3165 N. ATLANTIC AVE. COCOA BEACH, FL 32931	
7. Name and Address of New Registered Agent	
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	SMITH, RANDALL D	NAME	
STREET ADDRESS	3165 N. ATLANTIC AVE.	STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 32931	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	DEMETER, NICOLE M	NAME	
STREET ADDRESS	3165 N. ATLANTIC AVE.	STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 32931	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	SMITH, DENA M	NAME	
STREET ADDRESS	3165 N. ATLANTIC AVE.	STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 32931	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, with all other like empowered.

SIGNATURE:  1/8/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #