

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

APPROVED AND FILED

'95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Montem
Secretary of State

1995 *5-195* *B-6567* OF CORPORATIONS *C*

DOCUMENT # **736592** (7)
1. Corporation Name
CASABLANCA COMMUNITY ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
10033 9TH ST N ST PETERSBURG FL 33716

3. Date Incorporated or Qualified **08/13/1976** 3a. Date of Last Report **04/19/1994**
4. FBI Number **59-1737998** Applied For Not Applicable

| | | | |
|---|--|---|--|
| 2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip Country | 2a. Mailing Address 26 Suits, Apt. #, etc. 27 City & State 28 Zip Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 | 29 | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> \$68.75 Supplemental Fee Not Required | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|---|
| 9. Name and Address of Current Registered Agent RAMPART PROPERTIES INC 10033 9TH ST N ST PETERSBURG FL 33716 | 10. Name and Address of New Registered Agent 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 reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------------|--------------------------------------|---|--|
| TITLE PO | PALMER, KEN | 11 TITLE P - DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 2132 E LAKEWOOD CLUB DR S | 12 NAME Frank Cartisano | |
| STREET ADDRESS | ST PETERSBURG FL | 13 STREET ADDRESS 2117-C Lakewood Club Dr. S. | |
| CITY - ST - ZIP | | 14 CITY - ST - ZIP St. Petersburg, FL 33712 | |
| TITLE S - DIRECTOR | GLOVER, BILL | 21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 2040 P LAKEWOOD CLUB DR S | 22 NAME | |
| STREET ADDRESS | ST PETERSBURG, FL 00000 | 23 STREET ADDRESS | |
| CITY - ST - ZIP | | 24 CITY - ST - ZIP | |
| TITLE D | SHANAHAN, CHRIS | 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 2040 C LAKEWOOD CLUB DR S | 32 NAME Joan Motta | |
| STREET ADDRESS | ST PETERSBURG, FL 00000 | 33 STREET ADDRESS 2025-P Lakewood Club Dr. S. | |
| CITY - ST - ZIP | | 34 CITY - ST - ZIP St. Petersburg, FL 33712 | |
| TITLE VP | GARTICANO, FRANK | 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 2117 C LAKEWOOD CLUB DR S | 42 NAME | |
| STREET ADDRESS | ST PETERSBURG, FL 00000 | 43 STREET ADDRESS | |
| CITY - ST - ZIP | | 44 CITY - ST - ZIP | |
| TITLE D | HASLETT, BEN | 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 2117-N LAKEWOOD CLUB DR S | 52 NAME | |
| STREET ADDRESS | ST PETERSBURG FL | 53 STREET ADDRESS | |
| CITY - ST - ZIP | | 54 CITY - ST - ZIP | |
| TITLE | | 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 119.07(3)(d), 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 or on an attachment with an address.

SIGNATURE: *William G. Glover* **3-24-95** **867-1369**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #
WILLIAM G. GLOVER