

**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 # 736592 (7)  
1. Corporation Name

CASABLANCA COMMUNITY ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 08/13/1976  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21), 2a. Mailing Address (26), Suite, Apt. #, etc. (22, 27), City & State (23, 28), Zip (24, 29), Country (25, 30)

4. FEI Number: 59-1737998  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes 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  
85 Zip Code: FL

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	
TITLE: PD NAME: CARTISANO, FRANK STREET ADDRESS: 2117-C LAKEWOOD CLUB DR, S CITY-ST-ZIP: ST. PETE FL	<input checked="" type="checkbox"/> DELETE
TITLE: SD NAME: GLOVER, BILL STREET ADDRESS: 2040-P LAKEWOOD CLUB DR S CITY-ST-ZIP: ST PETERSBURG, FL 00000	<input type="checkbox"/> DELETE
TITLE: VPTD NAME: MOTTA, JOAN STREET ADDRESS: 2025-P LAKEWOOD CLUB DR. S CITY-ST-ZIP: ST PETE FL	<input type="checkbox"/> DELETE
TITLE: D NAME: HAISLETT, BEN STREET ADDRESS: 2117-N LKEWOOD CLUB DR S CITY-ST-ZIP: ST PETERSBURG FL	<input checked="" type="checkbox"/> DELETE
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: [Blank] 1.2 NAME: MARTIRIE SALTSMAN 1.3 STREET ADDRESS: 2117-P LAKEWOOD CLUB DR. SO. 1.4 CITY-ST-ZIP: ST. PETE, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE: [Blank] 2.2 NAME: PATRICIA EVANS 2.3 STREET ADDRESS: 2117-F LAKEWOOD CLUB DR. SO. 2.4 CITY-ST-ZIP: ST. PETE, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: PD TD 3.2 NAME: JOAN MOTTA 3.3 STREET ADDRESS: 2025-P LAKEWOOD CLUB DR. SO. 3.4 CITY-ST-ZIP: ST. PETE, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: [Blank] 4.2 NAME: [Blank] 4.3 STREET ADDRESS: [Blank] 4.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: [Blank] 5.2 NAME: [Blank] 5.3 STREET ADDRESS: [Blank] 5.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: [Blank] 6.2 NAME: [Blank] 6.3 STREET ADDRESS: [Blank] 6.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Joan Motta, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96  
Date

Daytime Phone #

CR2E037 (12/95)