

5/20/97 B-7607  
**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 20 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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 33716-3804
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3. Date Incorporated or Qualified <b>08/13/1976</b>	3a. Date of Last Report <b>03/04/1996</b>
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21. Principal Place of Business Suite, Apt #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address Suite, Apt #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number <b>59-1737998</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>SALTSMAN, MARJORIE</b>	
STREET ADDRESS	<b>2117-P LAKEWOOD CLUB DR S</b>	
CITY-ST-ZIP	<b>ST. PETE FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>GLOVER, BILL</b>	
STREET ADDRESS	<b>2040-P LAKEWOOD CLUB DR S</b>	
CITY-ST-ZIP	<b>ST PETERSBURG, FL 00000</b>	
TITLE	PDTD	<input type="checkbox"/> DELETE
NAME	<b>MOTTA, JOAN</b>	
STREET ADDRESS	<b>2025-P LAKEWOOD CLUB DR. S</b>	
CITY-ST-ZIP	<b>ST PETE FL</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>EVANS, PATRICIA</b>	
STREET ADDRESS	<b>2117-F LAKEWOOD CLUB DR S</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Saltsman, Marjorie</b>	
1.3 STREET ADDRESS	<b>10033 9th Street North</b>	
1.4 CITY-ST-ZIP	<b>St. Petersburg</b>	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Glover, Bill</b>	
2.3 STREET ADDRESS	<b>10033 9th Street North</b>	
2.4 CITY-ST-ZIP	<b>St. Petersburg, Florida</b>	
3.1 TITLE	PDTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Motta, Joan</b>	
3.3 STREET ADDRESS	<b>10033 9th Street North</b>	
3.4 CITY-ST-ZIP	<b>St. Petersburg, Florida</b>	
4.1 TITLE	<del>SD</del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<del>Evans, Patricia</del>	
4.3 STREET ADDRESS	<del>2117-F Lakewood Club Dr S</del>	
4.4 CITY-ST-ZIP	<del>St. Petersburg, Florida</del>	
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Anderson, Glenn</b>	
5.3 STREET ADDRESS	<b>10033 9th Street North</b>	
5.4 CITY-ST-ZIP	<b>St. Petersburg, Florida</b>	
6.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Parris, Lucy</b>	
6.3 STREET ADDRESS	<b>10033 9th Street North</b>	
6.4 CITY-ST-ZIP	<b>St. Petersburg, Florida</b>	

14. I do 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:** *Joan Motta* **SIGNATURE REQUIRED** Date **4/25/97** Daytime Phone # **0051216**

CR2E037 (9/96)