

**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 # 739901 (7)  
1. Corporation Name  
CASA PRIMA APARTMENTS ASSOCIATION, INC.



Principal Place of Business: 9190 OAKHURST RD., SUITE 2A SEMINOLE FL 34646  
Mailing Address: 9190 OAKHURST RD., SUITE 2A SEMINOLE FL 34646

3. Date Incorporated or Qualified: 08/15/1977  
3a. Date of Last Report: 05/01/1995

21. Principal Place of Business		2a. Mailing Address		4. FEI Number: 59-1892891		Applied For: Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired: <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip		29. Zip		30. Country		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				10. Name and Address of New Registered Agent			
CICCO, ROBERT A. 9190 OAKHURST RD., SUITE 2A SEMINOLE FL 34646				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DS PRES. <input type="checkbox"/> DELETE	NAME: WRIGHT, FREDDIE	1.1 TITLE: DP WRIGHT, FREDDIE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME: WRIGHT, FREDDIE
STREET ADDRESS: 1215 SO. ORANGE AVENUE	CITY-ST-ZIP: BARTOW FL	1.3 STREET ADDRESS: 1215 SO. ORANGE AVENUE	1.4 CITY-ST-ZIP: BARTOW, FL 33830
TITLE: D <input type="checkbox"/> DELETE	NAME: WRIGHT, O. H.	2.1 TITLE: DV WRIGHT, O.H. <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME: WRIGHT, O.H.
STREET ADDRESS: 1215 SO. ORANGE AVENUE	CITY-ST-ZIP: BARTOW, FL 0	2.3 STREET ADDRESS: 1215 SO. ORANGE AVE.	2.4 CITY-ST-ZIP: BARTOW, FL 33830
TITLE: VD <input type="checkbox"/> DELETE	NAME: FERGUSON, MARGARET	3.1 TITLE: DST FERGUSON, MARGARET <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME: FERGUSON, MARGARET
STREET ADDRESS: 1859 SHORE DR S	CITY-ST-ZIP: SO. PASADENA FL	3.3 STREET ADDRESS: 1859 SHORE DR. S.	3.4 CITY-ST-ZIP: SO. PASADENA, FL 33707
TITLE: D <input type="checkbox"/> DELETE	NAME: HERWIG, ALAN	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 52 REDWING RD	CITY-ST-ZIP: PERKASIE PA	4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D <input type="checkbox"/> DELETE	NAME: MORTEEN, JAMES	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 12350 U.S. 19 S.	CITY-ST-ZIP: CLEARWATER FL	5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.4 CITY-ST-ZIP: <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: *J. H. Wright* O.H. WRIGHT Date: 4/17/96 Daytime Phone #: 941-533-3710

CR2E037 (12/95)