


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90057 032 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 739901**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/15/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1892891
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CICCIO, 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	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WRIGHT, FREDDIE 1215 SO. ORANGE AVENUE BARTOW FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DVPS WRIGHT, FREDDIE 1215 S. Orange Ave. Bartow, FL 33830-6522
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WRIGHT, O. H. 1215 SO. ORANGE AVENUE BARTOW, FL 0	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DPT WRIGHT, O.H. 1215 S. Orange Ave. Bartow, FL 33830-6522
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D</del> <del>FERGUSON, MARGARET</del> <del>1059 SHORE DR S</del> <del>SO. PASADENA FL</del>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D (ALT.) FITE, BARBARA c/o Wright, O.H. 1215 S. Orange Ave. Bartow, FL 33830-6522
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERWIG, ALAN 52 REDWING RD PERKASIE PA	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORTEEN, JAMES 12850 W. S. 19 S. CLEARWATER FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D MORTEN, JAMES 15462 Gulf Blvd. Apt# 906 Maieira Beach, FL 33708-1834
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DATE: Apr 30 1999 DAYTIME PHONE #: 1-727-595-6550

CR2E037 (1/98)

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