

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 27, 2001 8:00 am**  
**Secretary of State**

06-27-2001 90005 025 \*\*\*\*61.25

**DOCUMENT # N00000003144**

1. Entity Name

**CASA MONECA TOWNHOMES ASSOCIATION, INC.**

Principal Place of Business

325 SOUTH BOULEVARD  
TAMPA FL 33606

Mailing Address

325 SOUTH BOULEVARD  
TAMPA FL 33606

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1611 W. Platt Street

City & State

Tampa, FL

4. FEI Number

Applied For  
 Not Applicable

Zip

Country

Zip

Country

33606

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOLLOY, DANIEL L  
325 SOUTH BOULEVARD  
TAMPA FL 33606

Name **Keith W. Koehler CPA**

Street Address (P.O. Box Number is Not Acceptable) **Koehler + Company P.A.**

1611 W. Platt Street

City **Tampa** FL Zip Code **33606**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE  Delete  
NAME **D LUM, JOHN**  
STREET ADDRESS **2101 WEST PLATT STREET**  
CITY-ST-ZIP **TAMPA FL 33606**

TITLE  Delete  
NAME **D HAYWARD, W.A.**  
STREET ADDRESS **2101 WEST PLATT STREET**  
CITY-ST-ZIP **TAMPA FL 33606**

TITLE  Delete  
NAME **D GULUZIAN, ARAM**  
STREET ADDRESS **2101 WEST PLATT STREET**  
CITY-ST-ZIP **TAMPA FL 33606**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deferment Phone #

CR2E037 (10/00)