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FILED
Jul 09, 2002 8:00 am
Secretary of State

05-28-2002 91791 027 ****61.25
05-02-2002 90116 025 ****61.25

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # NO00000003144
1. Entity Name
CASA MONECA Townhomes Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
411 S. Fremont Ave.
Suite, Apt. #, etc.
5
City & State
Tampa, FL
Zip
33606 Country
USA

3. Mailing Address
411 S. Fremont Ave
Suite, Apt. #, etc.
5
City & State
Tampa, FL
Zip
33606 Country
USA

38239

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-1065985 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
B. Lewis
Street Address (P.O. Box Number, if Not Acceptable)
411 S. Fremont Ave #3
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 Betty Jane Lewis (NOTE: Registered Agent signature required when re-registering)
DATE 7/1/02

**FEE IS \$61.25
Initial or Amended UBR**

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 <u>PIT</u>	<u>Betty Jane Lewis</u> <u>D</u> STREET ADDRESS <u>411 S. Fremont Ave #3</u> CITY-ST-ZIP <u>Tampa, FL 33606</u>
TITLE <u>VIS</u>	<u>Dennis Standiford</u> <u>D</u> STREET ADDRESS <u>411 S. Fremont Ave #2</u> CITY-ST-ZIP <u>Tampa, FL 33606</u>
TITLE <u>Charles Santana</u> <u>D</u>	<u>411 S. Fremont Ave #1</u> STREET ADDRESS <u>Tampa, FL 33606</u>
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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TITLE NAME	STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.
SIGNATURE: Betty Jane Lewis Betty Jane Lewis 7/1/02 8136042563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)

KOEHLER & COMPANY

A PROFESSIONAL ASSOCIATION

CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

Attachment

MEMBERS OF THE AMERICAN
INSTITUTE AND THE FLORIDA
INSTITUTE OF CERTIFIED
PUBLIC ACCOUNTANTS

TELEPHONE (813) 258-1272
FACSIMILE (813) 258-2422
WEB SITE: WWW.CPA-TAMPA.COM
E-MAIL: KOEHLER@CPA-TAMPA.COM

June 26, 2002

38239

Florida Department Of State
Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, Florida 32302-1500

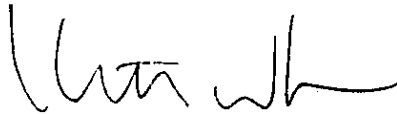
Re: Casa Moneca Townhomes Association, Inc.
Reference Number: N00000003144

To Whom it May Concern:

This letter is in response to your letters dated June 5, 2002 and June 6, 2002, copies of which are enclosed. Please be advised that the 2002 Uniform Business Report was inadvertently filed in duplicate. Also enclosed, please find the corrected 2002 Uniform Business Report. Please refund the \$61.25 due to us, and correct the account to the changes provided in the corrected report.

If you have any questions, please call.

Very Truly Yours,



Keith W. Koehler

KWK/jg
Enclosures

2002 UNIFORM BUSINESS REPORT (UBR)

5/2/2002-90116-025-\$61.25-\$61.25
 * 5/28/2002-91791-027-\$61.25-\$61.25

DOCUMENT # N00000003144

Attachment
38239

1. Entity Name
 CASA MONECA TOWNHOMES ASSOCIATION, INC.

Principal Place of Business Mailing Address
 325 SOUTH BOULEVARD 1611 W. PLATT STREET
 TAMPA FL 33606 TAMPA FL 33606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number 05-1065985 Applied For Not Applicable
APPLIED FOR
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 COERLER, KEITH W CPA
 1311 W. PLATT STREET
 TAMPA FL 33606

7. Name and Address of New Registered Agent
 Name B.J. Lewis
 Street Address (P.O. Box Number is Not Acceptable)
411 W. SOUTH FREMONT # 3
TAMPA FLORIDA
 City 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] (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	D	<input checked="" type="checkbox"/> Delete
NAME	LUM, JOHN	
STREET ADDRESS	2101 WEST PLATT STREET	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAYWARD, W.A.	
STREET ADDRESS	2101 WEST PLATT STREET	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GULUZIAN, ARAM	
STREET ADDRESS	2101 WEST PLATT STREET	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	B.J. Lewis	
STREET ADDRESS	411 FREMONT # 3	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dennis Standiford	
STREET ADDRESS	411 S. Fremont Ave # 2	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Santant	
STREET ADDRESS	411 S. Fremont Ave # 1	
CITY-ST-ZIP	Tampa FL 33606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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] SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date May 1 02 Daytime Phone #

CR2E037 (9/01)