



**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

01-15-2004 90011 007 \*\*\*\*61.25

|   |  |  |   |
|---|--|--|---|
| <b>DOCUMENT # N0000003144</b>   |  |   |   |
| 1. Entity Name<br><b>CASA MONECA TOWNHOMES ASSOCIATION, INC.</b>  |  |  |   |
| Principal Place of Business<br><b>411 S FREMONT AVENUE #5 TAMPA, FL 33606</b>   |  | Mailing Address<br><b>411 S FREMONT AVENUE #5 TAMPA, FL 33606</b>  |   |
| 2. Principal Place of Business  |  | 3. Mailing Address   |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |
| City & State  |  | City & State   |   |
| Zip   | Country  | Zip  | Country   |
|   |  | 01122004 Chg-NP CR2E037 (10/03)  |   |
| 4. FEI Number<br><b>65-1065985</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent  |   |
| LEWIS, B.J.<br>411 S FREMONT AVENUE #5 TAMPA, FL 33606  |  | Name <b>DENNIS STANDIFORD</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>411 S. FREMONT AVE UNIT #2</b><br>City <b>TAMPA</b> FL Zip Code <b>33606</b> |   |
| 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. I am familiar with, and accept the obligations of registered agent.   |  |  |   |
| SIGNATURE   |  | DATE <b>1/12/04</b>  |   |
| Signature, typed or printed name of registered agent and title if applicable  |  | (NOTE: Registered Agent signature required when reinstating)   |   |
| Filing Fee is \$61.25 Due by May 1, 2004  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees   |   |
|   |  | Make check payable to Florida Department of State  |   |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PTD LEWIS, BETTY JANE 411 S FREMONT AVENUE #3 TAMPA, FL 33606 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | VSD STANDIFORD, DENNIS 411 S FREMONT AVENUE #2 TAMPA, FL 33606 <input type="checkbox"/> Delete           | TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D. SANTANA, CHARLES 411 S FREMONT AVENUE #1 TAMPA, FL 33606 <input type="checkbox"/> Delete              | TITLE NAME STREET ADDRESS CITY-ST-ZIP  | VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | / <input type="checkbox"/> Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PABLO JURZOLA 411 S. FREMONT AVE UNIT 4 TAMPA, FL 33606 DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP  | STEVE BAKER 411 S. FREMONT AVE UNIT 3 TAMPA, FL 33606 DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 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:  DIRECTOR   |  | DATE <b>1/11/04</b> 813-390-1338   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Date Daytime Phone #   |   |

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