


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90052 049 ****61.25

DOCUMENT # N00000003144

1. Entity Name
CASA MONECA TOWNHOMES ASSOCIATION, INC.



Principal Place of Business
411 S FREMONT AVENUE
#5
TAMPA, FL 33606

Mailing Address
411 S FREMONT AVENUE
#5
TAMPA, FL 33606

40018001



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-1065985

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

STANDIFORD, DENNIS
411 S FREMONT AVENUE
UNIT #2
TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 _____
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, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	STANDIFORD, DENNIS	
STREET ADDRESS	411 S FREMONT AVENUE #2	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	SANTANA, CHARLES	
STREET ADDRESS	411 S FREMONT AVENUE #1	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZURZOLA, PABLO	
STREET ADDRESS	411 S FREMONT AVE., UNIT 4	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, STEVE	
STREET ADDRESS	411 S FREMONT AVE., UNIT 3	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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 an other like empowered.

SIGNATURE: _____ **2/9/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #