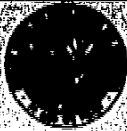


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra M. Matheson
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 MAY -1 AM 9:55

DOCUMENT # N04353 (1)

1. Corporation Name
CASARENA HOMEOWNERS' ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**% AUGUST IMPERIAL MANAGEMENT
5925 IMPERIAL PKWY #110
MULBERRY FL 33860**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/25/1984** 3a. Date of Last Report **04/08/1994**
4. FEI Number **59-2734593** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**AUGUST IMPERIAL MANAGEMENT, INC.
5925 IMPERIAL PARKWAY, #112
MULBERRY FL 33860**

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS
TITLE ~~PD~~
NAME ~~ADAMS, WILLIAM~~
STREET ADDRESS ~~17 CASARENA COURT~~
CITY - ST - ZIP ~~WINTER HAVEN FL~~
TITLE ~~PD~~
NAME LAY, JAN
STREET ADDRESS 4 CASARENA CT
CITY - ST - ZIP WINTER HAVEN FL
TITLE ~~PD~~
NAME HARMON, W CLAYTON
STREET ADDRESS ~~29 CASARENA CT~~
CITY - ST - ZIP ~~WINTER HAVEN FL~~
TITLE ~~OTD~~
NAME BENNETT, ELMO
STREET ADDRESS 15 CASARENA CT
CITY - ST - ZIP WINTER HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
21 TITLE **PD** Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
41 TITLE **VD** Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
51 TITLE Change Addition
52 NAME **T/S/D**
53 STREET ADDRESS **BARBARA O'CONNOR**
54 CITY - ST - ZIP **2 Casarena Ct**
61 TITLE Change Addition
62 NAME **Winter Haven FL**
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 amendment with an address.

SIGNATURE: *[Signature]* DATE: **4/5/95** TELEPHONE: **813 677-1590**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)