

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N04353 (1)**  
1. Corporation Name  
**CASARENA HOMEOWNERS' ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified      3a. Date of Last Report  
**07/25/1984**      **05/01/1995**

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

4. FEI Number      Applied For  
**59-2734593**      Not Applicable  
5. Certificate of Status Desired       **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes       Yes  No

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent  
**AUGUST IMPERIAL MANAGEMENT, INC.**  
**5925 IMPERIAL PARKWAY, #112**  
**MULBERRY FL 33860**  
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TSD O'CONNOR, BARBARA 2 CASARENA CT WINTER HAVEN FL	1.1 TITLE	VD
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD LAY, JAN 4 CASARENA CT WINTER HAVEN FL	2.1 TITLE	TSD
NAME		2.2 NAME	SIBEL, NANCY JO
STREET ADDRESS		2.3 STREET ADDRESS	24 Casarena Ct.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Winter Haven, FL. 33881
TITLE	VD BENNETT, ELMO 15 CASARENA CT WINTER HAVEN FL	3.1 TITLE	PD
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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 attachment with an address.

SIGNATURE: Elmo Bennett ELMO BENNETT PRES. 4/5/96 (941) 647-1590  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Day      Daytime Phone #

CR2E037 (12/95)