

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90256 035 \*\*\*\*61.25

**DOCUMENT # N04353**

1. Entity Name

**CASARENA HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**% AUGUST IMPERIAL MANAGEMENT  
 5925 IMPERIAL PKWY #110  
 MULBERRY FL 33860**

**% AUGUST IMPERIAL MANAGEMENT  
 5925 IMPERIAL PKWY #110  
 MULBERRY FL 33860**

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

**59-2734593**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AUGUST IMPERIAL MANAGEMENT, INC.  
 5925 IMPERIAL PARKWAY, #112  
 MULBERRY FL 33860**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D**  Delete  
 NAME: **LAY, LARRY R**  
 STREET ADDRESS: **4 CASARENA COURT**  
 CITY-ST-ZIP: **WINTER HAVEN FL 33881**

TITLE: **STD**  Change  Addition  
 NAME: **LEON WELLS**  
 STREET ADDRESS: **11 CASARENA COURT**  
 CITY-ST-ZIP: **WINTER HAVEN, FL. 33881**

TITLE: **VD**  Delete  
 NAME: **DEANGELIS, RICHARD**  
 STREET ADDRESS: **30 CASARENA CT**  
 CITY-ST-ZIP: **WINTER HAVEN FL**

TITLE: **PD**  Change  Addition  
 NAME: **PD**  
 STREET ADDRESS: **PD**  
 CITY-ST-ZIP: **PD**

TITLE: **PD**  Delete  
 NAME: **BENNETT, ELMO**  
 STREET ADDRESS: **15 CASARENA CT**  
 CITY-ST-ZIP: **WINTER HAVEN FL**

TITLE: **VD**  Change  Addition  
 NAME: **RICHARD TEDRICK**  
 STREET ADDRESS: **26 CASARENA COURT**  
 CITY-ST-ZIP: **WINTER HAVEN, FL 33881**

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *1/10/02* Daytime Phone #: *294-7288*

CR2E037 (9/01)