

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04353

FILED
Apr 15, 2006
Secretary of State

Entity Name: CASARENA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

% AIM IMPERIAL MANAGEMENT
5950 IMPERIALAKES BLVD.
MULBERRY, FL 33860

Current Mailing Address:

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

New Mailing Address:

% AIM IMPERIAL MANAGEMENT
5950 IMPERIALAKES BLVD.
MULBERRY, FL 33860

FEI Number: 59-2734593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

AIM IMPERIAL MANAGEMENT, INC.
5950 IMPERIALAKES BLVD.
MULBERRY, FL 33860 US

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: KENNETH W. SMITH

04/15/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: SIBEL-BROWN, STACEY
Address: 24 CASARENA CT.
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: DEANGELIS, RICHARD
Address: 30 CASARENA CT
City-St-Zip: WINTER HAVEN, FL

Title: STD () Delete
Name: BENNETT, ELMO
Address: 15 CASARENA COURT
City-St-Zip: WINTER HAVEN, FL 33881

Title: PD () Delete
Name: SMALL, NORMAN
Address: 20 CASARENA CT.
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: THOMAS, JAMES
Address: 21 CASARENA CT.
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: SIBEL, STACEY
Address: 24 CASARENA CT.
City-St-Zip: WINTER HAVEN, FL 33881

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN SMALL

PRES

04/15/2006

Electronic Signature of Signing Officer or Director

Date