

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04353

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: CASARENA HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2734593      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: SIBEL, 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

Title: PD (X) Change ( ) Addition  
Name: HUFF, JOHN  
Address: 9 CASARENA CT.  
City-St-Zip: WINTER HAVEN, FL 33881

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: KENNETH W. SMITH

MGR

04/24/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date