

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04353

FILED  
Apr 29, 2012  
Secretary of State

**Entity Name:** CASARENA HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

% ABOVE & BEYOND MGMT. SERVICES, LLC  
5950 IMPERIALAKES BLVD.  
MULBERRY, FL 33860

**New Principal Place of Business:**

**Current Mailing Address:**

% ABOVE & BEYOND MGMT. SERVICES, LLC  
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:**

MOSELLE, LISA M  
5950 IMPERIALAKES BLVD.  
SUITE # 7  
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: ST  
Name: RASKOPF, GARY  
Address: 16 CASARENA CT.  
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP  
Name: DEANGELIS, RICHARD  
Address: 26 CASARENA COURT  
City-St-Zip: WINTER HAVEN, FL 33881

Title: PD  
Name: LAWSON, MANLEY  
Address: 19 CASARENA COURT  
City-St-Zip: WINTER HAVEN, FL 33811

I hereby 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 all other like empowered.

SIGNATURE: MANLEY LAWSON

PD

04/29/2012

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

\_\_\_\_\_  
Date