

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR -7 AM 11:03

DOCUMENT # N04943 (9)

1. Corporation Name
CASA DEL SOL ASSOCIATION, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
**1700 MCMULLEN BOOTH RD
SUITE C-3
CLEARWATER FL 34619**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/31/1984** 3a. Date of Last Report **04/22/1994**
4. FEI Number **59-2464732** Applied For 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**HICKS, JOYCE M.
1700 MCMULLEN BOOTH RD.
SUITE C-3
CLEARWATER FL 34619**

10. Name and Address of New Registered Agent
81 Name **LEIGHON, LENNARD A.**
82 Street Address (P.O. Box Number is Not Acceptable) **1700 MCMULLEN BOOTH RD**
83 **SUITE C-3**
84 City **CLEARWATER** 85 Zip Code **FL 34619**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Jean Keiper* DATE **2/15/95**
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	DEMEO, ANN
STREET ADDRESS	3055 CASA DEL SOL CIR #202
CITY - ST - ZIP	CLEARWATER FL
TITLE	VP
NAME	BIGGER, DAVE
STREET ADDRESS	2420 WINDING CREEK CIR, #104
CITY - ST - ZIP	CLEARWATER FL
TITLE	SD
NAME	CROSSER, DICK
STREET ADDRESS	3077 CASA DEL SOL CIR, #302
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	HUNG, MARY
STREET ADDRESS	2440 WINDING CREEK CIR #207
CITY - ST - ZIP	CLEARWATER FL
TITLE	TD
NAME	KOSKI, (ELLIE) A
STREET ADDRESS	2440 WINDING CREEK CIR #306
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	FLISNIK, STAN
STREET ADDRESS	3077 CASA DEL SOL CI 205
CITY - ST - ZIP	CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KEIPER, JEAN	
1.3 STREET ADDRESS	2420 WINDING CREEK CIR #212	
1.4 CITY - ST - ZIP	CLEARWATER FL	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SPEARE, JOHN	
2.3 STREET ADDRESS	2420 WINDING CREEK CIR #106	
2.4 CITY - ST - ZIP	CLEARWATER FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KOSKI, (ELLIE) A	
4.3 STREET ADDRESS	2440 WINDING CREEK CIR #306	
4.4 CITY - ST - ZIP	CLEARWATER FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FLISNIK, STAN	
5.3 STREET ADDRESS	3077 CASA DEL SOL CIR #205	
5.4 CITY - ST - ZIP	CLEARWATER FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DEMEO, ANN	
6.3 STREET ADDRESS	3055 CASA DEL SOL CIR #202	
6.4 CITY - ST - ZIP	CLEARWATER FL	

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 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jean Keiper* DATE: **2-15-95**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Jean Keiper - President**