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FILED
Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04943 (9)
1. Corporation Name
CASA DEL SOL ASSOCIATION, INC.



Principal Place of Business 1700 MCMULLEN BOOTH RD SUITE C-3 CLEARWATER FL 34619	Mailing Address 1700 MCMULLEN BOOTH RD SUITE C-3 CLEARWATER FL 34619-2129
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/31/1984	3a. Date of Last Report 03/19/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2464732	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

LEIGHTON, LENNARD A 1700 MCMULLEN BOOTH RD SUITE C-3 CLEARWATER FL 34619	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KEIPER, JEAN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2420 WINDING CREEK CIR #212	1.2 NAME	
STREET ADDRESS	CLEARWATER FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VP SPEARE, JOHN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2420 WINDING CREEK CIR #108	2.2 NAME	
STREET ADDRESS	CLEARWATER FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	TD CROSSER, DICK	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3077 CASA DEL SOL CIR., #302	3.2 NAME	
STREET ADDRESS	CLEARWATER FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D KOSKI, (ELLIE) A	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2440 WINDING CREEK CIR #308	4.2 NAME	
STREET ADDRESS	CLEARWATER FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D FLISNIK, STAN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3077 CASA DEL SOL CIR #205	5.2 NAME	
STREET ADDRESS	CLEARWATER FL	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D DEMES, ANN	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3055 CASA DEL SOL CIR #202	6.2 NAME	
STREET ADDRESS	CLEARWATER FL	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeane Keiper _____ Date _____ Daytime Phone # **0067141**

CR2E037 (9/96)