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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04943

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
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2a. Mailing Address 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765	3. Date Incorporated or Qualified 08/31/1984
	4. FEI Number 59-2464732
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent LENNARD A. LEIGHTON 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765	10. Name and Address of New Registered Agent <table border="1"> <tr><td>81 Name</td><td>LENNARD A. LEIGHTON</td></tr> <tr><td>82 St</td><td>2189 CLEVELAND STREET</td></tr> <tr><td>83</td><td>SUITE 225</td></tr> <tr><td>84 Ci</td><td>CLEARWATER, FL 33765</td></tr> </table>	81 Name	LENNARD A. LEIGHTON	82 St	2189 CLEVELAND STREET	83	SUITE 225	84 Ci	CLEARWATER, FL 33765
81 Name	LENNARD A. LEIGHTON								
82 St	2189 CLEVELAND STREET								
83	SUITE 225								
84 Ci	CLEARWATER, FL 33765								

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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: *[Signature]* DATE: **4/22/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME KEIPER, JEAN	1.1 TITLE SD	1.2 NAME SD
STREET ADDRESS 2420 WINDING CREEK CIR #212	CITY-ST-ZIP CLEARWATER FL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE D	NAME SPEARE, JOHN	2.1 TITLE VD	2.2 NAME VD
STREET ADDRESS 2420 WINDING CREEK CIR #106	CITY-ST-ZIP CLEARWATER FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE VPD	NAME MILLER, JANET	3.1 TITLE D	3.2 NAME DICK CROSSER
STREET ADDRESS 3055 CASA DEL SOL CIR 306	CITY-ST-ZIP CLEARWATER FL	3.3 STREET ADDRESS 3077 CASA DEL SOL CIRCLE #302B	3.4 CITY-ST-ZIP CLEARWATER, FL 33761
TITLE TD	NAME KOSKI, (ELLIE) A	4.1 TITLE	4.2 NAME
STREET ADDRESS 2440 WINDING CREEK CIR #306	CITY-ST-ZIP CLEARWATER FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE SD	NAME COONEY, JOAN	5.1 TITLE D	5.2 NAME D
STREET ADDRESS 3077 CASA DEL SOL CIR #106	CITY-ST-ZIP CLEARWATER FL	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE D	NAME DEMES, ANN	6.1 TITLE PD	6.2 NAME PD
STREET ADDRESS 3055 CASA DEL SOL CIR #202	CITY-ST-ZIP CLEARWATER FL	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED: *[Signature]* DATE: **4/20/99**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E037 (11/98)