

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90218 037 ****61.25

DOCUMENT # N04943

1. Entity Name

CASA DEL SOL ASSOCIATION, INC.

Principal Place of Business

2189 CLEVELAND STREET
 SUITE 225
 CLEARWATER FL 33765

Mailing Address

2189 CLEVELAND STREET
 SUITE 225
 CLEARWATER FL 33765

C0019464



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2464732

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEIGHTON, LENNARD A
2189 CLEVELAND STREET
SUITE 225
CLEARWATER FL 33765

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	SD KEIPER, JEAN	<input type="checkbox"/> Delete
STREET ADDRESS	2420 WINDING CREEK CIR #212	
CITY-ST-ZIP	CLEARWATER FL	
TITLE NAME	VD SPEARE, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	2420 WINDING CREEK CIR #106	
CITY-ST-ZIP	CLEARWATER FL	
TITLE NAME	D CROSSER, DICK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3077 CASA DEL SOL CIRCLE, #302B	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE NAME	TD KOSKI, (ELLIE) A	<input type="checkbox"/> Delete
STREET ADDRESS	2440 WINDING CREEK CIR #306	
CITY-ST-ZIP	CLEARWATER FL	
TITLE NAME	D SAUTEA, EMMA	<input type="checkbox"/> Delete
STREET ADDRESS	3055 CASA DEL SOL CIRCLE #302	
CITY-ST-ZIP	CLEARWATER FL	
TITLE NAME	PD DEMES, ANN	<input type="checkbox"/> Delete
STREET ADDRESS	3055 CASA DEL SOL CIR #202	
CITY-ST-ZIP	CLEARWATER FL	

TITLE NAME	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D SCHWARTZ, ANNA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDR	3077 CASA DEL SOL CIRCLE #301	
CITY-ST-ZIP	CLEARWATER FL	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/01