


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90038 037 \*\*\*\*61.25

<b>DOCUMENT # N04943</b>	
<b>1. Entity Name</b> CASA DEL SOL ASSOCIATION, INC.	

<b>Principal Place of Business</b> 2189 CLEVELAND STREET SUITE 225 CLEARWATER FL 33765	<b>Mailing Address</b> 2189 CLEVELAND STREET SUITE 225 CLEARWATER FL 33765
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



MOORE CR2E037 (11/03)

<b>4. FEI Number</b> 59-2464732	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  LEIGHTON, LENNARD A 2189 CLEVELAND STREET SUITE 225 CLEARWATER FL 33765	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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**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. I am familiar with, and accept the obligations of registered agent.

**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**  
**Due By May 1, 2004**

**9. Election Campaign Financing**   
Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD <b>NAME</b> KEIPER, JEAN <b>STREET ADDRESS</b> 2420 WINDING CREEK CIR #212 <b>CITY-ST-ZIP</b> CLEARWATER FL	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VD <b>NAME</b> SPEARE, JOHN <b>STREET ADDRESS</b> 2420 WINDING CREEK CIR #106 <b>CITY-ST-ZIP</b> CLEARWATER FL	<input type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> SD <b>NAME</b> MILLER, ELLEN <b>STREET ADDRESS</b> 3077 CASA DEL SOL CIR., #309B <b>CITY-ST-ZIP</b> CLEARWATER FL 33761	<input type="checkbox"/> Delete	<b>TITLE</b> SD <b>NAME</b> MILLER, ELLEN <b>STREET ADDRESS</b> 3077 CASA DEL SOL CIR., #304 <b>CITY-ST-ZIP</b> CLEARWATER FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> KOSKI, (ELLIE) A <b>STREET ADDRESS</b> 2440 WINDING CREEK CIR #306 <b>CITY-ST-ZIP</b> CLEARWATER FL	<input type="checkbox"/> Delete	<b>TITLE</b> VD <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> SAUTEA, EMMA <b>STREET ADDRESS</b> 3055 CASA DEL SOL CIR., #302C <b>CITY-ST-ZIP</b> CLEARWATER FL 33761	<input type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> SAUTER, EMMA <b>STREET ADDRESS</b> 3055 CASA DEL SOL CIR., #302 <b>CITY-ST-ZIP</b> CLEARWATER FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> TD <b>NAME</b> ALORE, DIANA <b>STREET ADDRESS</b> 2440 WINDING CREEK CIR., #108A <b>CITY-ST-ZIP</b> CLEARWATER FL 33761	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *Jeane Keiper* **Jeane Keiper** 03-30-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #