

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90012 014 ****61.25



DOCUMENT # N04943
1. Entity Name
CASA DEL SOL ASSOCIATION, INC.

Principal Place of Business Mailing Address
2189 CLEVELAND STREET 2189 CLEVELAND STREET
SUITE 225 SUITE 225
CLEARWATER FL 33765 CLEARWATER FL 33765



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State

4. FEI Number Applied For
59-2464732 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEIGHTON, LENNARD A
2189 CLEVELAND STREET
SUITE 225
CLEARWATER FL 33765

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature intended with recasting) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEIPER, JEAN 2420 WINDING CREEK CIR #212 CLEARWATER FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MENENDEZ, LILI 2420 WINDING CREEK CIR., #108 CLEARWATER FL 33761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ELLEN 3077 CASA DEL SOL CIR., #304 CLEARWATER FL 33761 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOSKI, (ELLIE) A 2440 WINDING CREEK CIR #306 CLEARWATER FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PICHLER, MARGARET 3055 CASA DEL SOL CIR #201C CLEARWATER FL 33761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CURRAN, EDWARD 2440 WINDING CREEK CR #202A CLEARWATER FL 33761 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JOYCE 3077 CASA DEL SOL CIR. # 208 CLEARWATER, FL 33761 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARR, KEVIN 3055 CASA DEL SOL CIR. # 205 CLEARWATER, FL 33761 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Lili Menendez Lili Menendez Secretary 4/28/08