2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04943

FILED Jun 14, 2011 Secretary of State

Entity Name: CASA DEL SOL ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2189 CLEVELAND STREET 2180 WEST SR 434 SUITE 225 SUITE 5000

CLEARWATER, FL 33765 LONGWOOD, FL 32779

Current Mailing Address: New Mailing Address:

2189 CLEVELAND STREET 2180 WEST SR 434

SUITE 225 SUITE 5000

CLEARWATER, FL 33765 LONGWOOD, FL 32779

FEI Number: 59-2302530 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEIGHTON, LENNARD A
2189 CLEVELAND STREET
SUITE 225
HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000

SUITE 225 2180 WEST SR 434 STE 500 CLEARWATER, FL 33765 US LONGWOOD, FL 32779 US

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: JAMES W HART JR 06/14/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: CURRAN, EDWARD

Address: 2180 WEST SR 434 STE 5000 City-St-Zip: LONGWOOD, FL 32779

Title: VPD Name: VARR, KEVIN

Address: 2180 WEST SR 434 STE 5000 City-St-Zip: LONGWOOD, FL 32779

Title: SD

Name: MENENDEZ, LILI

Address: 2180 WEST SR 434 STE 5000 City-St-Zip: LONGWOOD, FL 32779

Title: D

Name: CLIFFORD, PETER

Address: 2180 WEST SR 434 STE 5000 City-St-Zip: LONGWOOD, FL 32779

Title:

Name: LUCAS, GERRY

Address: 2180 WEST SR 434 STE 5000 City-St-Zip: LONGWOOD, FL 32779

Title:

 Name:
 CHILDRESS, JAMES

 Address:
 2180 WEST SR 434 STE 5000

 City-St-Zip:
 LONGWOOD, FL 32779

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD CURRAN PD 06/14/2011