## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N04943**

1. Entity Name



FILED
Feb 26, 2003 8:00 am §
Secretary of State
02-26-2003 90120 001 \*\*\*\*61.25

CASA D	EL SOL ASSOCIATION, INC.								
2189 CLEVELAND STREET 2189 SUITE 225 SUITE		Mailing Address 2189 CLEVELAND STREET SUITE 225 CLEARWATER FL 33765	9 CLEVELAND STREET TE 225					(8)( 8)8(4 18 R)	
2. Principal	Place of Business	3. Mailing Address	7.811						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	HECK HERE IF MAK			
City & State		City & State			4. FEI Number 59-	2464732	<b>⊢</b> +	applied For	
Zip	Country	Zip	Country		5. Certificate of Stat	<del></del>	\$8.75 A		
	6. Name and Address of Current Re	egistered Agent	<u> </u>		7. Name and Addre	ess of New Registere	Fee Requir	ed	
			Name	*	bild Addle	or now neglatere	o Agent		
LEIGHTON, LENNARD A			Charle Address (DO Do All						
2189 CL	EVELAND STREET		Street Address			P.O. Box Number is Not Acceptable)			
SUITE 2								<del></del> ,	
CLEARV	VATER FL 33765		City		<del> </del>	F	Zip Cod	de	
8. The abov	e named entity submits this statement for the	ne purpose of changing its r	registered office	or registere	ed agent or both in th			and passet	
the obliga	ations of registered agent,	, , , , , , , , , , , , , , , , , , ,		or regiotore	o agent, or boin, in the	e diale of florida. Ta	m iamiliar with	and accept	
٠,									
SIGNATURE									
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent sign	ature required v	wheл reinstating)	DATE			
	FILE NOW: FEE IS \$61.25					\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10.	OFFICERS AND DIREC	CTORS	11.	AI	DDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS IN	l 10	
TITLE	PD	☐ Delete	TITLE .	1		TO CITICE NO XIVE	☐ Change	Addition	
NAME	KEIPER, JEAN		NAME				onango		
STREET ADDRESS	2420 WINDING CREEK CIR #212		STREET ADDRESS						
CITY-ST-ZIP	CLEARWATER FL	<del></del>	CITY-ST-ZIP	<u> </u>					
TITLE	D COPARE IOUN	☐ Delete	TITLE	1 _	i		Change	Addition	
name Street address	SPEARE, JOHN		NAME	VD_	<del>-</del>		• •		
CITY-ST-ZIP	2420 WINDING CREEK CIR #106 CLEARWATER FL		STREET ADDRESS CITY-ST-ZIP						
TITLE	D D	<b>1</b> 27 o		SD					
NAME	JEAN, MICCO	Delete	TITLE NAME	1	Miller		· Change	Addition	
STREET ADDRESS	3077 CASA DEL SOL 309	·	STREET ADDRESS		Casa del Sol Ci				
CITY-ST-ZIP	CLEARWATER FL 33765		CITY-ST-ZIP		water, FL 33761				
TITLE	TD	☐ Delete	TITLE	-		<del> ' ' </del>	Change	Addition	
NAME	KOSKI, (ELLIE) A		NAME	<u>D</u>			A change		
STREET ADDRESS	2440 WINDING CREEK CIR #306		STREET ADDRESS						
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP	<u></u>					
TITLE	D	☐ Delete	TITLE	D	<del></del>		Change	☐ Addition	
NAME	SAUTEA, EMMA		NAME		a Sauter		• •		
STREET ADDRESS	3055 CASA DEL SOL CIRCLE #302		STREET ADDRESS		Casa del Sol Ci			ĺ	
	CLEARWATER FL		CITY-ST-ZIP		water, FL 33761				
TTLE NAME	I DEMEC ANN	💢 Delete	TITLE	TD			☐ Change	Addition	
TREET ADDRESS	DEMES, ANN   3055 CASA DEL SOL CIR #202		NAME STREET ADDRESS	Diana		!			
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP	2440 \	Winding Creek	Circle, #108A			
	pertify that the information supplied with this	Par I no rest		_ Cleary	vater, FL 33761				
<ol><li>I hereby a</li></ol>	sei illy illat ille illiomation silionita with abit	: 111100 0000 001 000000 000011	na avametice etc	tod in Carri	AN 110 A7/AVA				

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: