

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 08, 2008
Secretary of State**

DOCUMENT# N07000002016

Entity Name: KAICASA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11145 TAMIAMI TRAIL EAST
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

11145 TAMIAMI TRAIL EAST
NAPLES, FL 34113

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CECIL, W. JEFFREY ESQ
WRIGHT MORRIS & ARTHUR LLP
5801 PELICAN BAY BLVD STE 300
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DURSO, SAMUEL J MD
Address: 11145 TAMIAMI TRAIL EAST
City-St-Zip: NAPLES, FL 34113

Title: DT () Delete
Name: HALSTEAD, LINDSEY
Address: 11145 TAMIAMI TRAIL EAST
City-St-Zip: NAPLES, FL 34113

Title: DS () Delete
Name: MANIONAD, PETER
Address: 11145 TAMIAMI TRAIL EAST
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SAMUEL DURSO MD

DP

04/08/2008

Electronic Signature of Signing Officer or Director

_____ Date