


FILED
Jun 19, 2003 8:00 am
Secretary of State

05-01-2003 90543 010 ****61.25

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

55048999

DOCUMENT # N45964			
1. Entity Name CASABLANCA HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 870 PINELLAS BAY WAY TIERRA VERDE FL 33715		Mailing Address 870 PINELLAS BAY WAY TIERRA VERDE FL 33715	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3115386		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FABRIZI, RICHARD 11281 43RD ST N CLEARWATER FL 34622		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small>			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FABRIZI, RICHARD 11281 43RD ST N CLEARWATER FL <input type="checkbox"/> Delete (D)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICHARD FABRIZI TRES. <input type="checkbox"/> Change <input type="checkbox"/> Addition (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CUETO, ABERNETHY FOLGA <input type="checkbox"/> Delete (D)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LYNN EVANS SEC. <input type="checkbox"/> Change <input type="checkbox"/> Addition (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NICK DORICK <input type="checkbox"/> Delete (D)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOE EVANS PRES. <input type="checkbox"/> Change <input type="checkbox"/> Addition (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOE & LYNN EVANS 890 PINELLAS BAY WAY TIERRA VERDE FL- 33715 <input type="checkbox"/> Delete (D)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 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: SIGNATURE REQUIRED		Date: 4-27-03 Daytime Phone #: 727-599-2468	

CR25037 (10/02)