

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46601
1. Corporation Name
ESTATES AT CASA DEL MAR HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
**14791 A & W Bulb Road
Ft Myers, Florida 33908**

Mailing Address
**14791 A & W Bulb Road
Ft Myers, Florida 33908**

3. Date Incorporated or Qualified 12/23/1991	3a. Date of Last Report
4. FEI Number 65-0307527	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent

Jose Sendra
8390 W. Flagler Street
Suite 208
Miami, FL 33144

10. Name and Address of New Registered Agent

81. Name **Srini R. Medi, Esq.**
82. Street Address (P.O. Box Number is Not Acceptable)
**Humphrey & Knott, P.A.
1625 Hendry Street**
83. City **Fort Myers** **FL** 85. Zip Code **33901**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **9/1/96**

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	Jose Sendra
STREET ADDRESS	8390 W. Flagler St. #208
CITY - ST - ZIP	Miami, FL
TITLE	D <input type="checkbox"/> DELETE
NAME	Armando Berriz
STREET ADDRESS	8390 W. Flagler St. #208
CITY - ST - ZIP	Miami, FL
TITLE	D <input type="checkbox"/> DELETE
NAME	Jose Calvo
STREET ADDRESS	8390 W. Flagler St. #208
CITY - ST - ZIP	Miami, FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Armando Berriz
1.3 STREET ADDRESS	275 Fountain Blue Blvd. #166
1.4 CITY - ST - ZIP	Miami, FL 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Angel L. Rivero
2.3 STREET ADDRESS	14791 A & W Bulb Road
2.4 CITY - ST - ZIP	Fort Myers, FL 33908
3.1 TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Susan M. Pucin
3.3 STREET ADDRESS	14791 A & W Bulb Road
3.4 CITY - ST - ZIP	Fort Myers, FL 33908 <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	000001847550
6.3 STREET ADDRESS	-06/03/96--01030--005
6.4 CITY - ST - ZIP	***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *[Signature]* DATE: **4/30/96** DAYTIME PHONE: **941-489-1511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Armando Berriz, President

CR2E037 (12/95)