

FILE NOW: FILING FEE IS \$61.25

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Apr 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **N46601** (3)  
1. Corporation Name  
**ESTATES AT CASA DEL MAR HOMEOWNERS' ASSOCIATION, IN.**



Principal Place of Business Mailing Address  
**14791 A & W BULB ROAD FORT MYERS FL 33908** **14791 A & W BULB ROAD FORT MYERS FL 33908**

3. Date Incorporated or Qualified **12/23/1991** 3a. Date of Last Report **06/03/1996**  
4. FEI Number **65-0307527** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  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 Country  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**MEDI, ESO., SRINI R HUMPHREY & KNOTT, P.A. 1625 HENDRY STREET FORT MYERS FL 33901**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BERRIZ, ARMANDO</b>                    | 1.2 NAME  |   |
| STREET ADDRESS             | <b>275 FOUNTAIN BLUE BLVD. #166</b>       | 1.3 STREET ADDRESS                                    | <b>14791 A+W BULB ROAD</b>  |
| CITY-ST-ZIP                | <b>MIAMI FL 33172</b>                     | 1.4 CITY-ST-ZIP                                       | <b>FORT MYERS FL 33908</b>  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BERRIZ, ARMANDO</b>                    | 2.2 NAME  |   |
| STREET ADDRESS             | <b>8390 W. FLAGLER ST.</b>                | 2.3 STREET ADDRESS                                    | <b>14791 A+W BULB ROAD</b>  |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                           | 2.4 CITY-ST-ZIP                                       | <b>FORT MYERS FL 33908</b>  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CALVO, JOSE</b>                        | 3.2 NAME  |   |
| STREET ADDRESS             | <b>8390 W. FLAGLER ST.</b>                | 3.3 STREET ADDRESS                                    | <b>14791 A+W BULB</b>   |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                           | 3.4 CITY-ST-ZIP                                       | <b>FORT MYERS FL 33908</b>  |
| TITLE                      | <b>VP</b> <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>RIVERO, ANGEL L</b>                    | 4.2 NAME  |   |
| STREET ADDRESS             | <b>14791 A &amp; W BULB ROAD</b>          | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>FORT MYERS FL 33908</b>                | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>ST</b> <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PUCIN, SUSAN M</b>                     | 5.2 NAME  |   |
| STREET ADDRESS             | <b>14791 A &amp; W BULB ROAD</b>          | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>FORT MYERS FL 33908</b>                | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 6.2 NAME  |   |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       |   |

14. I do 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 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: ARMANDO BERRIZ 4/17/97 941-489-2320

CR2E037 (9/96)