

**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 # N410625  
1. Corporation Name  
**CASA DEL MAR COMMUNITY 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: **65-0307529**  
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: **14791 A & W Bulb Road Ft Myers, Florida 33908**  
2a. Mailing Address: **14791 A & W Bulb Road Ft Myers, Florida 33908**  
21. Suite Apt #, etc: \_\_\_\_\_  
22. City & State: \_\_\_\_\_  
23. Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
24. \_\_\_\_\_  
25. \_\_\_\_\_  
26. Suite Apt #, etc: \_\_\_\_\_  
27. City & State: \_\_\_\_\_  
28. Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
29. \_\_\_\_\_  
30. \_\_\_\_\_

9. Name and Address of Current Registered Agent  
**Sendra, Jose A.  
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 \_\_\_\_\_  
84 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] (NOTE: Registered Agent's signature required when reinstating) DATE: **5/1/96**

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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Armando Berriz	
13 STREET ADDRESS	275 Fountain Blue Blvd. #166	
14 CITY-ST-ZIP	Miami, FL 33172	
21 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Angel L. Rivero	
23 STREET ADDRESS	14791 A & W Bulb Road	
24 CITY-ST-ZIP	Fort Myers, FL 33908	
31 TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Susan M. Pucin	
33 STREET ADDRESS	14791 A & W Bulb Road	
34 CITY-ST-ZIP	Fort Myers, FL 33908	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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, 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)

*Handwritten initials and date: 1-3-96*