

2000 UNIFORM BUSINESS REPORT (UBR)

5/4

DOCUMENT # N46625

1. Entity Name

CASA DEL MAR COMMUNITY ASSOCIATION, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

05-04-2000 90106 009 ****61.25

Principal Place of Business	Mailing Address
6213-E PRESIDENTIAL CT FT MYERS FL 33919 US	6213-E PRESIDENTIAL CT FT MYERS FL 33919-3564 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 6213-A Presidential Ct City & State	Suite, Apt. #, etc. 6213-A Presidential Ct City & State
Zip	Country

4. FEI Number	Applied For
65-0307529	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HENKE, CAROL J 6213-E PRESIDENTIAL CT FORT MYERS FL 33919

7. Name and Address of New Registered Agent
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.
SIGNATURE <i>Carol J Henke</i> DATE 4-27-2000

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 Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	DST <input type="checkbox"/> Delete
NAME	CALVO, PATRICIA
STREET ADDRESS	C/O ALR REALTY, INC., 8192 COLLEGE PKWY
CITY-ST-ZIP	FT. MYERS FL 33919
TITLE	DV <input type="checkbox"/> Delete
NAME	CALVO, JOSE
STREET ADDRESS	C/O ALR REALTY, INC., 8192 COLLEGE PKWY
CITY-ST-ZIP	FT. MYERS FL 33919
TITLE	DP <input checked="" type="checkbox"/> Delete
NAME	RIVERO, ANGEL L
STREET ADDRESS	C/O ALR REALTY, INC., 8192 COLLEGE PKWY
CITY-ST-ZIP	FT. MYERS FL 33919
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DVPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dulio Suarez
STREET ADDRESS	1714 Cape Coral Pkwy
CITY-ST-ZIP	Cape Coral, FL 33907
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: <i>Carol J Henke</i>	4-27-2000 941-481-7150

CR2E037 (9/99)