
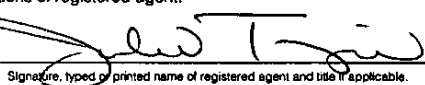
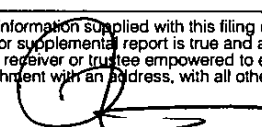


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90404 040 ****61.25

DOCUMENT # N46625 1. Entity Name CASA DEL MAR COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 13451 MCGREGOR BOULEVARD SUITE 32 FT MYERS, FL 33919 US			Mailing Address PO BOX 100831 CAPE CORAL, FL 33910 US		
2. Principal Place of Business 569 Interstate Blvd. Suite, Apt. #, etc.		3. Mailing Address 381 Interstate Blvd Suite, Apt. #, etc.			
City & State Sarasota FL		City & State Sarasota FL		4. FEI Number 65-0307529	
Zip 34240		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CAMPBELL, PHILIP PROFESSIONALLY YOURS, INC. 1342 SE 46TH LANE #3 CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name Julie Trimpe Street Address (P.O. Box Number is Not Acceptable) SunVest Management + Svcs Inc 381 Interstate Blvd City Sarasota FL Zip Code 34240		
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  Signature, typed or printed name of registered agent and title if applicable.		Julie Trimpe (NOTE: Registered Agent signature required when reinstating)		4/27/05 DATE	
Filing Fee is \$61.25 Due by May 1, 2005		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 VD	NAME JEFFRIES, JIM		TITLE VD	NAME Michael Wideman	
STREET ADDRESS 569 INTERSTATE BLVD	CITY-ST-ZIP SARASOTA, FL 34240		STREET ADDRESS 569 Interstate Blvd	CITY-ST-ZIP Sarasota FL 34240	
<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE STD	NAME COLES, CHRISTIE		TITLE STD	NAME Talwhia Janson	
STREET ADDRESS 569 INTERSTATE BLVD	CITY-ST-ZIP SARASOTA, FL 34240		STREET ADDRESS 569 Interstate Blvd	CITY-ST-ZIP Sarasota, FL 34240	
<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE PD	NAME CARPENTER, M		TITLE ---	NAME ---	
STREET ADDRESS 569 INTERSTATE BLVD	CITY-ST-ZIP SARASOTA, FL 34240		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

14013748



04272005 Chg-NP CR2E037 (10/03)