

**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 #** N49261  
1. Corporation Name

VILLAS 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 <b>6/5/1992</b>	3a. Date of Last Report
4. FEI Number <b>65-0342665</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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. Country	30. Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Jose Sendra 8390 W. Flagler Street Suite 208 Miami, FL 33144				81 Name <b>Srini R. Medi, Esq.</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>Humphrey &amp; Knott, P.A.</b>			
				83 <b>1625 Hendry Street</b>			
				84 City <b>Fort Myers</b>			
				85 Zip Code <b>FL 33901</b>			

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: **5/1/96**  
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	Jose Sendra	1.2 NAME	Armando Berriz				
STREET ADDRESS	8390 W. Flagler St. #208	1.3 STREET ADDRESS	275 Fountain Blue Blvd. #166				
CITY-ST-ZIP	Miami, FL	1.4 CITY-ST-ZIP	Miami, FL 33172				
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	Armando Berriz	2.2 NAME	Angel L. Rivero				
STREET ADDRESS	8390 W. Flagler St. #208	2.3 STREET ADDRESS	14791 A & W Bulb Road				
CITY-ST-ZIP	Miami, FL	2.4 CITY-ST-ZIP	Fort Myers, FL 33908				
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	Jose Calvo	3.2 NAME	Susan M. Pucin				
STREET ADDRESS	8390 W. Flagler St. #208	3.3 STREET ADDRESS	14791 A & W Bulb Road				
CITY-ST-ZIP	Miami, FL	3.4 CITY-ST-ZIP	Fort Myers, FL 33908				
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		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 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** 941-489-1511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)

63-96  
*[Handwritten initials]*