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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49261 (3)
1. Corporation Name
VILLAS AT CASA DEL MAR HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 14791 A & W BULB ROAD FORT MYERS FL 33908	Mailing Address 14791 A & W BULB ROAD FORT MYERS FL 33908
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3. Date Incorporated or Qualified 06/05/1992	3a. Date of Last Report 06/03/1996
4. FEI Number 65-0342665	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**MEDI, ESQ., SRINI R
HUMPHREY & KNOTT, P.A.
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
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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRIZ, ARMANDO	1.2 NAME	
STREET ADDRESS	275 FOUNTAIN BLUE BLVD. #166	1.3 STREET ADDRESS	14791 A+W BULB ROAD
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	FORT MYERS FL 33908
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRIZ, ARMANDO	2.2 NAME	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALVO, JOSE	3.2 NAME	
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	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERO, ANGEL L	4.2 NAME	
STREET ADDRESS	14791 A & W BULB ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33908	4.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUCIN, SUSAN M	5.2 NAME	
STREET ADDRESS	14791 A & W BULB ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33908	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 941-489-2320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)