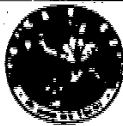


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759745 (3)

1. Corporation Name

CASA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4840 DORADO ST.
ZEPHYRHILLS FL 33541

4840 DORADO ST.
ZEPHYRHILLS FL 33541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1981

3a. Date of Last Report

04/01/1994

4. FEI Number

59-2265641

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

Country

29

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BANDY, DEWEY
4748 SEDENO DR
ZEPHYRHILLS FL 33541

81 Name

Patricia Wilhelm

82 Street Address (P.O. Box Number is Not Acceptable)

4934 Blanco Drive

83

Zephyrhills, FL. 33541

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or its 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 607.0505, Florida Statutes.

SIGNATURE

Patricia Wilhelm

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

VD

NAME

WELLES, DAVID

STREET ADDRESS

4847 SEDENO DR.

CITY - ST - ZIP

ZEPHYRHILLS FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

VP Wilson McFarlane

35934 Verano Lane

Zephyrhills, FL. 33541

☒ Change ☐ Addition

TITLE

T

NAME

HALVORSEN, LESTER R.

STREET ADDRESS

35008 HERMOSO LANE

CITY - ST - ZIP

ZEPHYRHILLS FL 33541

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

500001488055

-05/16/95--01011--008

*****68.75 *****68.75

☐ Change ☐ Addition

TITLE

SD

NAME

HAYES, VIRGINIA

STREET ADDRESS

4832 SEDENO DR

CITY - ST - ZIP

ZEPHYRHILLS FL 33541

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

500001488055

-05/16/95--01011--009

*****61.25 *****61.25

☐ Change ☐ Addition

TITLE

PD

NAME

BANDY, DEWEY

STREET ADDRESS

4748 SEDENO DR.

CITY - ST - ZIP

ZEPHYRHILLS FL 33541

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

PD

Patricia Wilhelm

4934 Blanco Drive

Zephyrhills, FL. 33541

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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:

Lester R. Halvorsen, Lester R. Halvorsen

4-17-95

813-280-8214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #