FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
4940 DORADO ST. ZEPHYRHILLS FL 33541	4940 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
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

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

BANDY, DEWEY
4746 SEDENO DR
ZEPHYRHILLS FL 33541

10. Name and Address of New Registered Agent

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 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 — Patricia Wilhelm — DATE: 4-17-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☒ Change ☐ Addition
NAME	WELLES, DAVID	1.2 NAME	VD Wilson McFarlane
STREET ADDRESS	4847 SEDENO DR.	1.3 STREET ADDRESS	35934 Verano Lane
CITY-ST-ZIP	ZEPHYRHILLS FL	1.4 CITY-ST-ZIP	Zephyrhills, FL. 33541
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	HALVORSEN, LESTER R.	2.2 NAME	
STREET ADDRESS	35906 HERMOSO LANE	2.3 STREET ADDRESS	500001488055
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	2.4 CITY-ST-ZIP	-05/16/95--01011--008 *****68.75 *****68.75
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	HAYES, VIRGINIA	3.2 NAME	
STREET ADDRESS	4832 SEDENO DR	3.3 STREET ADDRESS	500001488055
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	3.4 CITY-ST-ZIP	-05/16/95--01011--009 *****61.25 *****61.25
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	BANDY, DEWEY	4.2 NAME	PD Patricia Wilhelm
STREET ADDRESS	4746 SEDENO DR.	4.3 STREET ADDRESS	4934 Blanco Drive
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	4.4 CITY-ST-ZIP	Zephyrhills, FL. 33541
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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)(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: Lester R. Halvorsen, Lester R. Halvorsen — 4-17-95 — 813-980-8914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0092434