ANNU	ONPROFIT REPORATION JAL REPORT 1996-1-29-9	Sandra B-41860N OF	ARTMENT OF STATE a B. Mortham pary of State	0			
1. Corporation		(0)					
CASA N	MAR HOMEOWNERS ASSO	CIATION, INC.	r		· ····································		
Principal Place	of Dunings	** m * * * * * * * * * * * * * * * * *					
31 CASA MAR	r lane	Mailing Address ##- BASA-WAR-LANE) (Aptillit file tellet mitte ander de	90) Ajil Siğil Osası Aikis A	FIBIA BIBIA BIBIA NEWA
P.O. BOX 991 NAPLES FL 33	18 3941-9918	P.O. BOX 9918 NAPLES FL 33941-9918					
		Person makes a second and a second		3. [Date Incorporated or Qualified 03/17/1988		ast Report
2. Principal Place	ce of Business	2a. Mailing Address		4. F	El Number	<u> </u>	3/1995 Applied For
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			65-0131422		Not Applicable
City & State		27 P. O. Box 9	9918		Pertificate of Status Desired	Fe	75 Additional se Required
3 Zip	Country	28 NAPLES, FL		T ₁	lection Campaign Financing rust Fund Contribution	□ \$5.	.00 May Be
4	25	29 33941-9918	30 COLLIE	Ø 8. TI	his corporation has liability for	intangible tax under	s. 199.032,
	9. Name and Address of Current	Registered Agent	81 Name	10. N	orica Statutes ame and Address of New f	Yes No Registered Agent	
BANTZ, TH	HOMAS M.		[]			- <u>-</u>	
4985 E. TA NAPLES F	'AMIAMI TRAIL FL 33962		<u> </u>	i Address (r.c.	Box Number is Not Acceptat	ole)	
	LOUGUE		83				
							
11. Pursuant to t	the provisions of Sections 617,0502 at	Tarida Chabitan	64 City		 		Zip Code
11. Pursuant to to registered familiar with,	the provisions of Sections 617.0502 at d agent, or both, in the State of Florida, and accept the obligations of, Section	nd 617.1508, Florida Statutes Such change was authorized 617.0503 Fiorida Statutes.		orporation subriboard of direc	mits this statement for the pur tors. I hereby accept the app		
SIGNATURE	,		s, the above-named of by the corporation's		accept the app		
SIGNATURE Sign	gnature, typed or printed name of registered agent and OFFICERS AND [d title if applicable (NOTE:		required when reinsta	(ting)	rpose of changing its ointment as registere	s registered office ed agent. I am
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