

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT #N49261

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 6/5/1992	3a. Date of Last Report
4. FEI Number 65-0342665	Applied For <input type="checkbox"/> 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 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

Jose Sendra
8390 W. Flagler Street
Suite 208
Miami, FL 33144

10. Name and Address of New Registered Agent

81 Name **Srini R. Medi, Esq.**
82 Street Address (P.O. Box Number is Not Acceptable) **Humphrey & Knott, P.A.**
83 **1625 Hendry Street**
84 City **Fort Myers** **FL** **85** Zip Code **33901**

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**

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	Jose Sendra
STREET ADDRESS	8390 W. Flagler St. #208
CITY-ST-ZIP	Miami, FL
TITLE	D <input type="checkbox"/> DELETE
NAME	Armando Berriz
STREET ADDRESS	8390 W. Flagler St. #208
CITY-ST-ZIP	Miami, FL
TITLE	D <input type="checkbox"/> DELETE
NAME	Jose Calvo
STREET ADDRESS	8390 W. Flagler St. #208
CITY-ST-ZIP	Miami, FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Armando Berriz
13 STREET ADDRESS	275 Fountain Blue Blvd. #166
14 CITY-ST-ZIP	Miami, FL 33172
21 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Angel L. Rivero
23 STREET ADDRESS	14791 A & W Bulb Road
24 CITY-ST-ZIP	Fort Myers, FL 33908
31 TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Susan M. Pucin
33 STREET ADDRESS	14791 A & W Bulb Road
34 CITY-ST-ZIP	Fort Myers, FL 33908
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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** DAYTIME PHONE: **941-489-1511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Armando Berriz, President**

CR2E037 (12/95)