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FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759745 (3)

1. Corporation Name

CASA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

4840 DORADO ST.
ZEPHYRHILLS FL 33541

Mailing Address

4840 DORADO ST.
ZEPHYRHILLS FL 33541-22133. Date Incorporated or Qualified
08/21/19813a. Date of Last Report
04/10/19964. FEI Number
59-2265641Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

WILHELM, PATRICIA
4934 BLANCO DRIVE
ZEPHYRHILLS FL 33541

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MCFARLANE, WILSON	
STREET ADDRESS	35934 VERANO LANE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HALVORSEN, LESTER R.	
STREET ADDRESS	35908 HERMOSO LANE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HAYES, VIRGINIA	
STREET ADDRESS	4832 SEDENO DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILHELM, PATRICIA	
STREET ADDRESS	4934 BLANCO DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
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

1.1 TITLE	Vic Pres. VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ken Bruck	
1.3 STREET ADDRESS	4935 Blanco Dr.	
1.4 CITY-ST-ZIP	Zephyrhills, FL 33541	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Sec. SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kay Weatherbee	
3.3 STREET ADDRESS	35435 Dueno Dr.	
3.4 CITY-ST-ZIP	Zephyrhills, FL 33541	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VP VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Donald Vanderlaan	
5.3 STREET ADDRESS	4942 Blanco Dr	
5.4 CITY-ST-ZIP	Zephyrhills, FL 33541	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

Lester R. Halvorsen, Treasurer

1-13-97

813-780-8914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0015850

CR2E037 (9/96)