

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25445

FILED
Apr 29, 2004
Secretary of State

Entity Name: CASA MAR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

% COLLIER FINANCIAL SERVICES, INC.
4985 EAST TAMiami TRAIL
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9918
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 65-0131422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, STEPHEN P
COLLIER FINANCIAL INC
4985 E TAMiami TRAIL
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MANN, GERRY
Address: 28 CASA MAR LANE
City-St-Zip: NAPLES, FL 34103

Title: STD () Delete
Name: O'LEARY, ANN
Address: 33 CASA MAR LN
City-St-Zip: NAPLES, FL 34103

Title: VD () Delete
Name: DUNN, ROBERT
Address: 19 CASA MAR LANE
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MANN, GERALD
Address: 28 CASA MAR LANE
City-St-Zip: NAPLES, FL 34103

Title: STD (X) Change () Addition
Name: FERGUSON, ANN
Address: 25 CASA MAR LANE
City-St-Zip: NAPLES, FL 34103

Title: VPD (X) Change () Addition
Name: DUNN, ROBERT
Address: 19 CASA MAR LANE
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD MANN

PD

04/29/2004

Electronic Signature of Signing Officer or Director

Date