

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25445

FILED  
Apr 21, 2005  
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, GERALD  
Address: 28 CASA MAR LANE  
City-St-Zip: NAPLES, FL 34103

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

Title: VPD ( ) 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: O'LEARY, DICK  
Address: 28 CASA MAR LANE  
City-St-Zip: NAPLES, FL 34103

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: SARBER, KATHY  
Address: 26349 ROOT DR  
City-St-Zip: CRETE, IL 60417

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: DICK O'LEARY

PD

04/21/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date