

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90224 012 \*\*\*\*61.25

200433339



<b>DOCUMENT # 759745</b> 1. Entity Name CASA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4840 DORADO ST. ZEPHYRHILLS, FL 33541			Mailing Address 4840 DORADO ST. ZEPHYRHILLS, FL 33541		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2265641	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCFARLANE, WILSON			Name		
35934 VERANO DR			Street Address (P.O. Box Number is Not Acceptable)		
ZEPHYRHILLS, FL 33541					
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOK, JACK		NAME	D BANDY, DEWEY	
STREET ADDRESS	4752 DORADO ST		STREET ADDRESS	4746 SEDENO DR.	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARSENAULT, MARGUERITE		NAME		
STREET ADDRESS	35935 VERANO LANE		STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENGLAND, MAURICE		NAME	DP ENGLAND, MAURICE	
STREET ADDRESS	35921 TANDA CIR		STREET ADDRESS	35921 TANDA CIR.	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEAN, KENNETH		NAME		
STREET ADDRESS	4832 SEDENO DR		STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACQUES, FRANCIS A		NAME		
STREET ADDRESS	35801-BRISA DR		STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINFELD, MYRON		NAME		
STREET ADDRESS	35921 HERMOSO LN		STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Myron Linfield</i>			MYRON LINFIELD		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: APR. 13, 2005 813-783-6709		