2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007
Secretary of State

DOCUMENT# N25445

Entity Name: CASA MAR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

CASA MAR LANE
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9918
NAPLES, FL 34101 US

New Mailing Address:

COLLIER FINANCIAL, INC.
4985 TAMIAMI TRAIL E.
NAPLES, FL 34113 US

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

Title: STD ( ) Delete
Name: MCQUISTON, DICK
Address: 21 CASA MAR LANE
City-St-Zip: NAPLES, FL 34103

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TSD (X) Change ( ) Addition
Name: MANN, EDNA
Address: 28 CASA MAR LANE
City-St-Zip: NAPLES, FL 54103

Title: VD (X) Change ( ) Addition
Name: MCQUISTON, DICK
Address: 21 CASA MAR LANE
City-St-Zip: NAPLES, FL 34103

Title: PD (X) Change ( ) Addition
Name: SARBER, MARY (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 Chapter 119, 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: MARY (KATHY) SARBER PD 04/13/2007

Electronic Signature of Signing Officer or Director — Date