

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04353

**FILED  
Apr 30, 2015  
Secretary of State  
CC3045768610**

**Entity Name:** CASARENA HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

% ABOVE & BEYOND MGMT. SERVICES, LLC  
5950 IMPERIALAKES BLVD.  
MULBERRY, FL 33860

**Current Mailing Address:**

% ABOVE & BEYOND MGMT. SERVICES, LLC  
5950 IMPERIALAKES BLVD.  
MULBERRY, FL 33860

**FEI Number:** 59-2734593

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOSELLE, LISA M  
5950 IMPERIALAKES BLVD.  
SUITE # 7  
MULBERRY, FL 33860 US

*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

**Officer/Director Detail :**

Title           VP  
Name           SMALL, NORMAN  
Address        20 CASARENA CT.  
City-State-Zip: WINTER HAVEN FL 33881

Title           PRESIDENT  
Name           THOMAS, JIM  
Address        21 CASARENA COURT  
City-State-Zip: WINTER HAVEN FL 33881

Title           SECRETARY, TREASURER  
Name           WOOD, COLIN  
Address        25 CASARENA COURT  
City-State-Zip: WINTER HAVEN FL 33811

*I hereby 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 all other like empowered.*

**SIGNATURE:** JIM THOMAS

**PRESIDENT**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date