


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90068 046 ****61.25

DOCUMENT # 717088 1. Entity Name CASA LOMA CLUB, INC.	
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Principal Place of Business 5600 OLD SCOTT ROAD LAKELAND, FL 33813	Mailing Address 5600 OLD SCOTT ROAD LAKELAND, FL 33813
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DO NOT WRITE IN THIS SPACE

40053110



04022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1524936	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROGERS, JAMES G 11 LOMA LINDA LAKELAND, FL 33813
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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 _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIBERTORE, LARRY 5 LATERRAZA LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, ED 3 LOMA VERDE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SMITH, WARREN 9 CASA LOMA WAY LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROGERS, JIM 11 LOMA LINDA LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CRAVEN, JOE 13 LOMA ALTA LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCKIE, DON 9 LOMA LINDA LAKELAND, FL 33813

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Allen H. Smith* 4-2-07 Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #