



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90002 050 \*\*\*\*61.25

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>DOCUMENT # 725423</b><br>1. Entity Name<br><b>CASA SEVILLE OWNERS ASSOCIATION INC.</b>   |  |   |  |                           |  |
| Principal Place of Business<br><b>C/O ADVANCED MANAGEMENT, INC.<br/>         899 WOODBRIDGE DRIVE<br/>         VENICE, FL 34293</b>   |  |   | Mailing Address<br><b>C/O ADVANCED MANAGEMENT, INC.<br/>         899 WOODBRIDGE DRIVE<br/>         VENICE, FL 34293</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |  |                          |  |
| City & State  |  | City & State  |  | 02282007 Chg-NP CR2E037 (12/06)  |  |
| Zip Country   |  | Zip Country   |  | 4. FEI Number<br><b>59-1676116</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MURSZEWski, MARINA<br/>         899 WOODBRIDGE DR<br/>         VENICE, FL 34293</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name <b>LaFountain, Erin</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>899 Woodbridge Dr.</b><br>City <b>Venice</b> <b>FL</b> Zip Code <b>34293</b> |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| <b>Make check payable to<br/>Florida Department of State</b>  |  |   |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VPD<br/>GRIFFIN, LANE<br/>995 LAGUNA DRIVE, #401<br/>VENICE, FL 34285</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PD<br/>BOATE, FRANK<br/>995 LAQUA D2 # 201<br/>VENICE, FL 34285</b> <input type="checkbox"/> Delete       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>Boate, Frank</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>TD<br/>FISCHER, LARRY<br/>995 LAGUNA DR 805<br/>VENICE, FL 34285</b> <input type="checkbox"/> Delete      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>HOLDERMAN, RAY<br/>995 LAGUNA DR 801<br/>VENICE, FL 34285</b> <input type="checkbox"/> Delete       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VPD<br/>Holderman, Ray</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>BILDA, RICHARD<br/>899 WOODBRIDGE DR<br/>VENICE, FL 34293</b> <input type="checkbox"/> Delete       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PD<br/>Bilda, Richard</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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. |  |   |  |  |  |
| <b>SIGNATURE:</b> <u>Laurence Fischer</u> <b>Laurence Fischer</b> 3/24/07 941-499-0287<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |   |  |  |  |