

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90018 042 \*\*\*\*\*61.25

DOCUMENT # 726388

1. Entity Name

CASA RIO, INC.



Principal Place of Business

250 ENGLEWOOD ISLES PARKWAY  
ENGLEWOOD FL 34223

Mailing Address

357 ARDENWOOD DR.  
ENGLEWOOD FL 34223

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2476798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUONFIGLIO, RICHARD  
357 ARDENWOOD DR.  
ENGLEWOOD FL 34223

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

RICHARD BUONFIGLIO, TREAS

SIGNATURE R. Buonfiglio

3/23/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete  
NAME ZARATIN, LIDA  
STREET ADDRESS 877 COUNTRY CLUB CIRCLE  
CITY-ST-ZIP VENICE FL 34293

TITLE D ☒ Change ☐ Addition  
NAME ZARATIN, LIDA  
STREET ADDRESS 877 COUNTRY CLUB CIRCLE  
CITY-ST-ZIP VENICE, FL 34293

TITLE D ☐ Delete  
NAME GARCIA, LINDA  
STREET ADDRESS 250 ENGLEWOOD ISLES PKWY #6  
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE D ☐ Change ☒ Addition  
NAME DUKUS, LOUISE  
STREET ADDRESS 250 ENGLEWOOD ISLES PKWY #8  
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE D ☒ Delete  
NAME FOSTER, RONALD  
STREET ADDRESS 3903 SPRING CT SE  
CITY-ST-ZIP SOLON IA 52333

TITLE P ☒ Change ☐ Addition  
NAME FOSTER, RONALD  
STREET ADDRESS 3903 SPRING CT SE  
CITY-ST-ZIP SOLON, IA 52333

TITLE TD ☐ Delete  
NAME BUONFIGLIO, RICHARD  
STREET ADDRESS 357 ARDENWOOD DR  
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME SHERBURNE, CAROL  
STREET ADDRESS 250 ENGLEWOOD ISLES PKWY  
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME POE, FRANCIS  
STREET ADDRESS 1670 KEEFER RD  
CITY-ST-ZIP GIRARD OH 44420

TITLE VP ☐ Change ☒ Addition  
NAME DONNA PEYTON  
STREET ADDRESS 1065 YOSEMITE DRIVE  
CITY-ST-ZIP ENGLEWOOD, FL 34223

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

RICHARD BUONFIGLIO

SIGNATURE: R. Buonfiglio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/07

941-475-1275

Date

Daytime Phone #