

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90013 030 ****61.25

DOCUMENT # 727499

1. Entity Name

VILLA CASUARINA ASSOCIATION, INC.



Principal Place of Business

5321 GULF OF MEXICO DR
LONGBOAT KEY FL 34228
US

Mailing Address

C/O PETER C BUNNELL
40 MCCOSH CIR
PRINCETON NJ 08540

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

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-1585172

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUALE, NORMAN H.
1750 RINGLING BLVD.
SARASOTA FL 33578

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature (or true if not changing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE **VD** ☒ Delete
NAME **MORRIS, CLAIRE**
STREET ADDRESS **5321 GULF OF MEXICO DR**
CITY-STATE-ZIP **LONGBOAT KEY FL 34228**

TITLE **PTD** ☐ Delete
NAME **BUNNELL, PETER**
STREET ADDRESS **40 MCCOSH CIR**
CITY-STATE-ZIP **PRINCETON, NJ 00000 08540**

TITLE **SD** ☒ Delete
NAME **YOUNG, THOMAS R**
STREET ADDRESS **1728 WALDEMERE ST**
CITY-STATE-ZIP **SARASOTA FL 34239-2130**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Change ☐ Addition
NAME **Breazeale, C. Lee**
STREET ADDRESS **5865 S. 500 W**
CITY-STATE-ZIP **Trafalgar, Indiana 46181**

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

TITLE **SD** ☒ Change ☐ Addition
NAME **Ferlise, Meg**
STREET ADDRESS **2029 Misty Sunrise Trail**
CITY-STATE-ZIP **Sarasota, Florida 34240**

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

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

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

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.

SIGNATURE:

Peter Bunnell

Peter Bunnell PDT

Feb 7 2008

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