

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90210 039 ****70.00

DOCUMENT # 736070



1. Entity Name
CASA DEL SOL (WINTER HAVEN) CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 2500-21ST STREET NORTHWEST
 #97
 WINTER HAVEN, FL 33881-1275

Mailing Address
 2500-21ST STREET NORTHWEST
 #97
 WINTER HAVEN, FL 33881-1275

60001236



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
 59-1677372

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

**EDWARDS, KEVIN L
 BECKER & POLIAKOFF, P.A.
 630 SOUTH ORANGE AVENUE
 SARASOTA, FL 34236**

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 title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing 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	<input type="checkbox"/> Delete
NAME	SWANSON, JOHN	
STREET ADDRESS	2500 21ST STREET NW, # 35	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MANGETT, LARRY	
STREET ADDRESS	2800 21ST ST, NW #85	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRIFF, PAUL	
STREET ADDRESS	2500 21ST ST, NW #85	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAPMAN, BOB	
STREET ADDRESS	2500 21ST STREET NE # 90	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAY, NICOLE	
STREET ADDRESS	2500 21ST ST, NW #71	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SWANSON, GINA	
STREET ADDRESS	2500 21ST STREET NW # 35	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mangett, Lawrence	
STREET ADDRESS	2500 21st St NW #56	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chapman, Bob	
STREET ADDRESS	2500 21st St. NW #90	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Powell, J.P.	
STREET ADDRESS	2500 21st St. NW #27	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reel, Sandra	
STREET ADDRESS	2500 21st St. NW #72	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harrison, Audrey	
STREET ADDRESS	2500 21st St. NW #26	
CITY-ST-ZIP	Winter Haven, FL 33881	

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:

Lawrence Mangett
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Lawrence Mangett, President

1-9-07 863-602-5600
 Date Daytime Phone #