
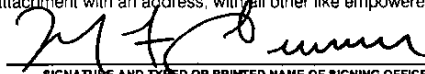


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90071 010 ****61.25

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			
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 59-1677372	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 checked="" type="checkbox"/> Delete	TITLE	A	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANGETT, LAWRENCE		NAME	Sumner, Matt	
STREET ADDRESS	2500 21ST STREET NW #56		STREET ADDRESS	2500 21st Street NW #67	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	Winter Haven FL 33881	
TITLE	VP-D	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAPMAN, BOB		NAME	Hilgenberg, Steve	
STREET ADDRESS	2500 21ST STREET NW #90		STREET ADDRESS	2500 21st Street NW #61	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	Winter Haven FL 33881	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	VP S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWELL, J.P.		NAME	Frederick, Renee	
STREET ADDRESS	2500 21ST STREET NW #27		STREET ADDRESS	2500 21st Street NW #12	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	Winter Haven FL 33881	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REEL, SANDRA		NAME	Jenkins, ANN	
STREET ADDRESS	2500 21ST STREET NW #72		STREET ADDRESS	2500 21st Street NW #20	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	Winter Haven FL 33881	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAY, NICOLE		NAME	Lindsay, Jim	
STREET ADDRESS	2500 21ST ST, NW #71		STREET ADDRESS	2500 21st Street NW #5	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	Winter Haven FL 33881	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRISON, AUDREY		NAME	Gentry, Jay	
STREET ADDRESS	2500 21ST STRET NW #26		STREET ADDRESS	2500 21st Street NW #92	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		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: 				Date: 4/18/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	