

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736070

FILED
Mar 10, 2009
Secretary of State

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

Current Principal Place of Business:

2500-21ST STREET NORTHWEST
#97
WINTER HAVEN, FL 338811275

New Principal Place of Business:

Current Mailing Address:

2500-21ST STREET NORTHWEST
#97
WINTER HAVEN, FL 338811275

New Mailing Address:

FEI Number: 59-1677372 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, PA
6230 UNIVERSITY PARKWAY, SUITE 204
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SUMNER, MATT
Address: 2500 21ST STREET NW #67
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: CHAPMAN, BOB
Address: 2500 21ST STREET NW #90
City-St-Zip: WINTER HAVEN, FL 33881

Title: S () Delete
Name: FREDERICK, RENEE
Address: 2500 21ST STREET NW #12
City-St-Zip: WINTER HAVEN, FL 33881

Title: T () Delete
Name: JENKINS, ANN
Address: 2500 21ST ST NW #20
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: LINDSAY, JIM
Address: 2500 21ST STREET NW #5
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: GENTRY, JAY
Address: 2500 21ST STREET NW #92
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATT SUMNER

P

03/10/2009

Electronic Signature of Signing Officer or Director

Date