

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 739986**

1. Entity Name  
**CASA DEL SOL BY-THE-SEA ASSOCIATION, INC.**



Principal Place of Business  
**1901 S. HARBOUR CITY BLVD, SUITE 600  
MELBOURNE, FL 32901**

Mailing Address  
**1901 S. HARBOUR CITY BLVD, SUITE 600  
P.O. BOX 3173  
MELBOURNE, FL 32901**



01032005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2658426**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DERRICK, REAL ESTATE GROUP, INC.  
1901 S. HARBOUR CITY BLVD, #600  
MELBOURNE, FL 32901**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAUGHN, ROBERT 151 HACIENDA, CASA DEL INDIALANTIC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRISON, ROBERT 141 DEL MAR CASA DEL SO INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASORIA, JANICE 2408 ROB LANE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASORIA, EDWARD 2408 ROB LANE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIOTT, ROBERT 131 HACIENDA CASA DEL SO INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000175878  
01/10/05-80066-020 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/4/05* *321-768-1999*  
Date Daytime Phone #