


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90067 050 \*\*\*\*61.25

<b>DOCUMENT # 739986</b>	
1. Entity Name <b>CASA DEL SOL BY-THE-SEA ASSOCIATION, INC.</b>	

Principal Place of Business <b>1901 S. HARBOUR CITY BLVD, SUITE 600 MELBOURNE, FL 32901</b>	Mailing Address <b>1901 S. HARBOUR CITY BLVD, SUITE 600 P.O. BOX 3173 MELBOURNE, FL 32901</b>
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2. Principal Place of Business - No P.O. Box # <b>2210 Front St.</b>	3. Mailing Address <b>PO Box 3173</b>
Suite, Apt. #, etc. <b>Suite 204</b>	Suite, Apt. #, etc.
City & State <b>Melbourne FL.</b>	City & State <b>Indianantic FL</b>
Zip <b>32901</b>	Country <b>U.S.</b>

40010010



02082007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2658426</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>DERRICK, REAL ESTATE GROUP, INC. 1901 S. HARBOUR CITY BLVD, #600 MELBOURNE, FL 32901</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2210 Front St. Suite 204</b> City <b>Melbourne</b> FL Zip Code <b>32901</b>
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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 <u><i>Michael Derrick</i></u> <b>MICHAEL DERRICK</b>	DATE <u>2/8/07</u>

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P VAUGHN, ROBERT 151 HACIENDA, CASA DEL INDIALANTIC, FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Edward CASORIA 2408 Rob Lane Orlando FL 32806</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD HARRISON, ROBERT 141 DEL MAR CASA DEL SO INDIALANTIC, FL 32903</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>UP Chip Skinner 111 Del Flora Indianantic FL 32903</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD CASORIA, JANICE 2408 ROB LANE ORLANDO, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CASORIA, EDWARD 2408 ROB LANE ORLANDO, FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Jon Schrodt PO Box 33172 Indianantic FL 32903</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HARRIOTT, ROBERT 131 HACIENDA CASA DEL SO INDIALANTIC, FL 32903</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Michael Derrick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/07 321-768-1999  
Date Daytime Phone #