


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 742530 1. Entity Name CASA RIO II ASSOCIATION, INC.	
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Principal Place of Business 2906 HERMITAGE BLVD VENICE, FL 34292	Mailing Address 2906 HERMITAGE BLVD VENICE, FL 34292
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01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2415189	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 OSBOURNE, BETH A 2906 HERMITAGE BLVD VENICE, FL 34292
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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>Beth A. Osbourne</u>	DATE <u>4/26/04</u>
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UD00000134877 04/28/04-80037-017 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARMACK, BILL 1631 RIVERVIEW AVE E ORANGE PARK, FL 92865
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORTMANN, JEFFREY 519A RADO DRIVE GRAND JUNCTION, CO 815022919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSBOURNE, BETH 2906 HERMITAGE BLVD VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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)(f), 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: <u>Beth A. Osbourne</u>	Date <u>4.26.04</u>	Daytime Phone # <u>941-4885700</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		