

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 752226

1. Entity Name

CASA CASELLES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

1616 ATLANTIC BLVD. #21
KEY WEST, FL 33040

Mailing Address

1616 ATLANTIC BLVD. #21
KEY WEST, FL 33040



02032006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

59-2164823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORRIS, EDDIE
1616 ATLANTIC BLVD
#11
KEY WEST, FL 33040

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MORRIS, EDDIE
STREET ADDRESS 1616 ATLANTIC BLVD. #11
CITY-ST-ZIP KEY WEST, FL 33040

TITLE S
NAME HINDEN, IRENE
STREET ADDRESS 1616 ATLANTIC BLVD. #2
CITY-ST-ZIP KEY WEST, FL 33040

TITLE S
NAME WILKINS, LYNN
STREET ADDRESS 1616 ATLANTIC BLVD. #12
CITY-ST-ZIP KEY WEST, FL 33040

TITLE TD
NAME PARLIAMENT, TOM
STREET ADDRESS P.O. BOX 148
CITY-ST-ZIP KEY WEST, FL 33041

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000000427731
02/21/06-80020-005 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDDIE MORRIS PRESIDENT

DATE

Daytime Phone If

2/14/06 305/294-2142