FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

752266

(7)

CASA SIERRA CONDOMINIUM ASSOCIATION, INC.

0,1071						
Principal Place of Business		Mailing Address			{BB	8177 - 1877 - 61811 - 61811 - 61814 - 61817
205 36TH ST.		205 36TH ST.				
UNIT 1		UNIT 1				
HOLMES BEAC	H FL 34217	HOLMES BEACH FL 34217	-2014		3. Date incorporated or Qualified 05/01/1980	3a. Date of Last Report 02/11/1996
2. Principal Pia	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			NOT APPLICABLE	Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ	Country	Zip	¬ `		8. This corporation has liability for intangible tax under s. 199.032,	
24	25 29 30 9. Name and Address of Current Registered Agent		30		Florida Statutes Yes No 10. Name and Address of New Registered Agent	
	9. Name and Address of Currer	nt Hegistered Agent	8	1 Name		Jistered Agent
0.45	ALIDOFII		ا ا	Name		
SMITH, A			8	2 Street	Address (P.O. Box Number is Not Acceptable	le)
- 205-30TH ST. - 			6		215 ave A.	
	S BEACH FL 34217			1		
FIULMES	DEAUTIFE STETT		8	4 City	radutor Beach	FL 85 Zip Code 342/7
11. Pursuant to	o the provisions of Sections 617.050	02 and 617.1508, Florida Statute	es, the about the state of	ve-named	d corporation submits this statement for the proporation's board of directors. I hereby accep	urpose of changing its registered
agent. I an	n familiar with, and accept the oblig	ations of, Section 617.0503, Flo	rida Statut	es.	polations board of directors. Thereby about	the appointment as registeres
SIGNATURE _						
12.	Signature, typed or printed name of registered age	ent and little if applicable (NOTE ID DIRECTORS	Registered A	gent signatur	e required when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITU	:	ADDITIONS/CHANGES TO OTTIC	Change Addition
NAME	AUDREY, SMITH M		1.2 NAM			- · ·
STREET ADDRESS	205-36TH ST., UNIT 1			ET ADDRESS	2215 Que A	
CITY-ST-ZIP	HOLMES BEACH FL 34217		1.4 CITY		3215 ane A Bradenton Black	FL 34217
TITLE	VD	DELETE	2.1 TITLE			Change Addition
NAME	SMITH, JACK		2.2 NAM	E		
STREET ADDRESS	205- 36TH ST., UNIT 1		2.3 STRE	ET ADDRESS	2215 auc 1	
C(TY-ST-Z)P	HOLMES BEACH FL 34217		2. 4 CfT	-ST-ZIP	Bradenton Bea	ca, F-1 342/7
TITLE	\$TD	☐ DELETE	3.1 TITLE			- Change
NAME	LITTLE, MELISSA		3.2 NAM	E	10307 Apporte	el Rd W.
STREET ADDRESS	205- 36TH ST., UNIT 1		3.3 STRE	ET ADDRESS	2001 7	3:1000
City-St-ZiP	HOLMES BEACH FL 34217	The series		-ST-ZIP	Bradenton Bea 10307 Spoonbe Bradenton, Fl.	<u> </u>
TITLE		☐ DELETE	4.1 TITL			Change Addition
NAME			4. 2 NAN			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY 5.1 TITL	-ST-ZIP		Change Addition
NAME			5.2 NAM	_		had something that introduct
STREET ADDRESS				et address		
CITY-ST-ZIP				-ST-ZIP		
TITLE		☐ DELETE	6.1 TITL		<u> </u>	☐ Change ☐ Addition
NAME			6.2 NAM			• _ ·
STREET ADDRESS				ET ADDRESS		•
CITY-ST-ZIP			6.4 CITY		.4	
14. Ldo hereb	by certify that the information supplie	d with this filing does not qualif	v for the e	xemption	stated in Section 119.07(3)(i), Florida Statutes	s. I further certify that the
I lam an of	n indicated on this annual report or a flicer or director of the corporation on Block 12 or Block 13 it changed, o	r the receiver or trustee empow	rered to ex	ecute this	d that my signature shall have the same lega report as required by Chapter 617, Florida S	I effect as if made under oath; that talutes; and that my name

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97

778-0032 Daytime Phone # 0062128

FILED

Jan 27 1997 8:00am

Secretary of State