

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90049 032 \*\*\*\*61.25

<b>DOCUMENT # 752266</b>
<b>1. Entity Name</b>
<b>CASA SIERRA CONDOMINIUM ASSOCIATION, INC.</b>

<b>Principal Place of Business</b>	<b>Mailing Address</b>
<b>205 36TH ST. UNIT 1 HOLMES BEACH FL 34217</b>	<b>205 36TH ST. UNIT 1 HOLMES BEACH FL 34217</b>

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b>	<b>NOT APPLICABLE</b>	<b>Applied For</b>
		<b>Not Applicable</b>
<b>5. Certificate of Status Desired</b>	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>SMITH, AUDREY 2215 AVE. A UNIT 1 BRADENTON BEACH FL 34217</b>	<b>Name</b>
	<b>Street Address (P.O. Box Number is Not Acceptable)</b>
	<b>City</b>
	<b>FL</b> <b>Zip Code</b>

**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.**

<b>SIGNATURE</b>	<b>DATE</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW: FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
	Trust Fund Contribution. <input type="checkbox"/>		

<b>10. OFFICERS AND DIRECTORS</b>	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>																								
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**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.**

<b>SIGNATURE:</b>	<b>DATE</b>	<b>Daytime Phone #</b>
<i>[Signature]</i>	<b>Jan 5, 2001</b>	<b>941 778 0032</b>

CR2E037 (10/00)