

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757844

1. Entity Name

CASA DEL SOL HOMEOWNERS ASSOCIATION, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90083 025 ****61.25

Principal Place of Business	Mailing Address
15850 LAKECANDLEWOOD DR..S.W. FT.MYERS FL 33908	15850 LAKECANDLEWOOD DR..S.W. FT.MYERS FL 33908-1735



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13422 HEALD LN	3. Mailing Address SAME
Suite, Apt. #, etc. # 8	Suite, Apt. #, etc.
City & State FT MYERS, FL	City & State FL.
Zip 33908	Country USA

4. FEI Number 59-2162461	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PRIMM, JACK 15850 LAKECANDLEWOOD DR..S.W. FT.MYERS FL 33908

7. Name and Address of New Registered Agent		
Name SUSAN G ROB		
Street Address (P.O. Box Number is Not Acceptable) 13422 HEALD LN # 8		
City FT MYERS	FL	Zip Code 33908

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.
SIGNATURE 4/22/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRIMM, JACK 15850 LAKE CANDLEWOOD DR SW FT MYERS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BILLHEIMER, KIM 13700-L2 RALEIGH LANE FT MYERS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NOON, RICHARD 172 BOULDER DR. SANIBEL FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARIA ADAMS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13426 HEALD LN #3 FT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEVE WATERS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15725 ANDERSON LN FT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OTTO KRISTEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3079 POINCIANA DR NAPLES, FL 34105
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"/> Change <input type="checkbox"/> Addition
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 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.
SIGNATURE: 4/22/00 (941) 437-7472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)