2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2001 8:00 am
Secretary of State
08-07-2001 90007 028 ****61.25

DOCUMENT # 757844

1. Entity Name

CASA DEL SOL HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13422 HEALD LANE #8 FT.MYERS FL 33908	13422 HEALD LANE #8 FT.MYERS FL 33908

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13426 Heald Ln	13426 Heald Ln
Suite, Apt. #, etc.: #3	Suite, Apt. #, etc.: #3
City & State: Ft Myers, FL	City & State: Ft Myers, FL
Zip: 33908 Country: US	Zip: 33908 Country: US

4. FEI Number 59-2162461 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GROB, SUSAN 13422 HEAD LANE #8 FT.MYERS FL 33908	Name: Maria E Adams Street Address (P.O. Box Number is Not Acceptable): 13426 Heald Ln #3 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: Maria E Adams 8/3/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 12, 2001, min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PRIMM, JACK 15850 LAKE CANDLEWOOD DR SW FT MYERS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Maria E. Adams 13426 Heald Ln #3 Ft Myers, FL 33908	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BILLHEIMER, KIM 13700-L2 RALEIGH LANE FT MYERS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Christian Diiorio 13422 Heald Ln #39 Ft Myers, FL 33908	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NOON, RICHARD 172 BOULDER DR. SANIBEL FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Karen Gudella 13422 Heald Ln #7 Ft Myers 33908	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ADAMS, MARIA 13426 HEALD LANE #3 FORT MYERS FL 33908	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WALTERS, STEVE 15725 ANDERSON LANE FORT MYERS FL 33912	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP OTTO, KRISTEN 3079 POINCIANA DRIVE NAPLES FL 34105	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

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: SIGNATURE REQUIRED Maria E. Adams 8/3/01 (941)415-1727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #