

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757844

1. Entity Name

CASA DEL SOL HOMEOWNERS ASSOCIATION, INC.

**FILED**  
Jun 30, 2002 8:00 am  
Secretary of State

06-30-2002 90227 023 \*\*\*\*61.25

0046027

Principal Place of Business

13426 HEALD LANE

#3

FT. MYERS FL 33908

Mailing Address

13426 HEALD LANE

#3

FT. MYERS FL 33908

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13426 Heald Ln

Suite, Apt. #, etc.

#6

City & State

Ft Myers, FL

Zip

33908

Country

USA

3. Mailing Address

13426 Heald Ln

Suite, Apt. #, etc.

#6

City & State

Ft Myers, FL

Zip

33908

Country

USA

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

ADAMS, MARIA E

13426 HEALD LN.

#3

FT. MYERS FL 33908

7. Name and Address of New Registered Agent

Name

Carrie Lindberg

Street Address (P.O. Box Number is Not Acceptable)

13426 Heald Ln #6

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

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

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, MARIA E	
STREET ADDRESS	13426 HEALD LN., #3	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DIORIO, CHRISTIAN	
STREET ADDRESS	13422 HEALD LN., #3	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GUDELLA, KAREN	
STREET ADDRESS	13422 HEALD LN., #3	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carrie Lindberg	
STREET ADDRESS	13426 Heald Ln #6	
CITY-ST-ZIP	Ft Myers FL 33908	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maria E. Adams	
STREET ADDRESS	13426 Heald Ln #3	
CITY-ST-ZIP	Ft Myers, FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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

6/24/02 (239) 415-1727