2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2004
Secretary of State

DOCUMENT# 757844

Entity Name: CASA DEL SOL HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

13426 HEALD LANE
6
FT.MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

13426 HEALD LANE
6
FT.MYERS, FL 33908

New Mailing Address:

FEI Number: 59-2162461 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINDBERG, CARRIE
13426 HEALD LN.
6
FT.MYERS, FL 33908

Name and Address of New Registered Agent:

O'DONNELL, SHERRI L
13426 HEALD LN.
6
FT.MYERS, FL 33908

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: SHERRI O'DONNELL 01/11/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LINDBERG, CARRIE
Address: 13426 HEALD LN #6
City-St-Zip: FORT MYERS, FL 33908

Title: VD ( ) Delete
Name: ADAMS, MARIA E
Address: 13426 HEALD LN #3
City-St-Zip: FORT MYERS, FL 33908

Title: SD ( ) Delete
Name: GUDELLA, KAREN
Address: 13422 HEALD LN., #3
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: O'DONNELL, SHERRI L
Address: 13426 HEALD LN #6
City-St-Zip: FORT MYERS, FL 33908

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRI O'DONNELL PD 01/11/2004
Electronic Signature of Signing Officer or Director Date