## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

**DOCUMENT #757844** 

## **FILED** Jan 14, 2005 8:00 am Secretary of State

1. Entity Nam CASA DE	EL SOL HOMEOWNERS AS	SOCIATION, INC.			0.	1-14-2005 90001 (	JU4 ****61	25
Principal Plac 13426 HEAL 6 FT.MYERS, F	D LANE	Mailing Address 13426 HEALD LANE 6 FT.MYERS, FL 33908					JUU	THHUZ
2. Principal P	Place of Business 2 Hkald Ln	3. Mailing Address 13422 Head Suite, Apt. #, etc.	(n#8					
Suite, Apr.	Ψ, CIG.	Suite, Apr. W. eac.			01102005 C	Chg-NP CR2E	037 (10/03)	
	myers FL	City & State F1 muess	FL		4. FEI Number 59-21624		N	pplied For ot Applicable
Zip 339(	08 USA	33908	Country	- ,	5Certificate of S	Status Desired - 🔲 😅	\$8.75 Ad Fee Require	ditional ed = =
	6. Name and Address of Current	Registered Agent	Name f		7. Name and Ad	dress of New Registers	d Agent	
O'DONNELL, SHERRI L 13426 HEALD LN.				Street Address (P.O. Box, Number is Not Acceptable)				
13426 REALD LIN. 6 FT.MYERS, FL 33908			13c	13422 Hald LA				
	-,		City	2 L.M.	105	ـــــــــــــــــــــــــــــــــــــ	Zip Cod	de a/)O
	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its re	gistered office of	r register	agent, or both, i	n the State of Florida. I a	m familiar with	, and accept
l	Charama bold 110	D 1	<b>)</b>			1.10	104	•
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	egistered Agent signet	Deliuper erun	when reinstating)	- DATE	1 1 1 1	
SIGNATURE			<u> </u>			Make che	eck payable	to
SIGNATURE	Signature, typed or printed name of registered agents Filling Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Col	aign Financing		\$5.00 May Be Added to Fees		eck payable (	
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR	9. Election Camp Trust Fund Co	aign Financing` ntribution.		\$5.00 May Be Added to Fees		DIRECTORS IN	N 10
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10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND DIE PD O'DONNELL, SHERRI L 13426 HEALD LN #6	9. Election Camp Trust Fund Co	aign Financing ntribution.  11.  TITLE NAME STREET ADDRESS	PD A	\$5.00 May Be Added to Fees DDITIONS/CHANG MADE PARK LZ HEALD	Florida Dep GES TO OFFICERS AND LI AMANDA LI F	DIRECTORS IN	N 10
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12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

IGNING OFFICER OR DIRECTOR