

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757844

FILED  
May 03, 2012  
Secretary of State

**Entity Name:** CASA DEL SOL HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

13422 HEALD LN  
8  
FT.MYERS, FL 33908

**New Principal Place of Business:**

13422 HEALD LN  
9  
FT.MYERS, FL 33908 UN

**Current Mailing Address:**

13422 HEALD LN #8  
8  
FT.MYERS, FL 33908

**New Mailing Address:**

13422 HEALD LN  
9  
FT.MYERS, FL 33908

**FEI Number:** 59-2162461

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARKE, AMANDA  
13422 HEALD LN.  
#8  
FT.MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

CRAIG, AMY  
13422 HEALD LN.  
#9  
FT.MYERS, FL 33908 US

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: AMY L. CRAIG

05/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: AMY, CRAIG  
Address: 13422 HEALD LN #9  
City-St-Zip: FORT MYERS, FL 33908

Title: VP  
Name: STILLSON, ERIC  
Address: 13422 HEALD LN #8  
City-St-Zip: FORT MYERS, FL 33908

Title: SECR  
Name: GUDELLA, KAREN  
Address: 13422 HEALD LN., #7  
City-St-Zip: FORT MYERS, FL 33908

I hereby 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 all other like empowered.

SIGNATURE: AMY L. CRAIG

PRES

05/03/2012

Electronic Signature of Signing Officer or Director

Date