

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 761668**

1. Entity Name  
**CASA DEL LAGO ASSOCIATION, INC.**



Principal Place of Business  
**1015 BELAIR DR  
#1  
HIGHLAND BEACH, FL 33487 US**

Mailing Address  
**1015 BELAIR DR  
#1  
HIGHLAND BEACH, FL 33487 US**



01292004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1282245</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**CHAPPELEAR, JOHN  
1015 BELAIR DRIVE, STE 1  
HIGHLAND BEACH, FL 33487**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ☒ Maggie Cleu President 1/26/04  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHAPPELEAR, MAGGIE 1015 BELAIR DRIVE, APT 1 HIGHLAND BEACH, FL 33487
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CHAPPELEAR, JOHN M. 1015 BEL AIR DRIVE #1 HIGHLAND BEACH, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD DEVAUX, DAVID J E 1015 BEL AIR DRIVE #3 HIGHLAND BEACH, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MONCEAUX, CATHY 1015 BELAIR DRIVE APT 2 HIGHLAND BEACH, FL 33487
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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1100000027780  
02/03/04-80059-025 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: Cathy Monceaux VP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 28 '04 561-243-1663  
Date Daytime Phone #