

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2006 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**



07052006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1282245**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by September 6, 2006**

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

**10. OFFICERS AND DIRECTORS**

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

U00000570050  
07/13/06-80015-009 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* *Clle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/9/06*  
Date Daytime Phone #