

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761668

FILED  
Jul 12, 2008  
Secretary of State

Entity Name: CASA DEL LAGO ASSOCIATION, INC.

## Current Principal Place of Business:

1015 BELAIR DR  
#1  
HIGHLAND BEACH, FL 33487 US

## Current Mailing Address:

1015 BELAIR DR  
#1  
HIGHLAND BEACH, FL 33487 US

## New Principal Place of Business:

1015 BELAIR DR  
#2  
HIGHLAND BEACH, FL 33487 US

## New Mailing Address:

FEI Number: 59-1282245      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CHAPPELEAR, MAGGIE  
Address: 1015 BELAIR DRIVE, APT 1  
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: STD ( ) Delete  
Name: CHAPPELEAR, JOHN M.,  
Address: 1015 BEL AIR DRIVE #1  
City-St-Zip: HIGHLAND BEACH, FL

Title: VTD ( ) Delete  
Name: DEVAUX, DAVID J E,  
Address: 1015 BEL AIR DRIVE #3  
City-St-Zip: HIGHLAND BEACH, FL

Title: VP ( ) Delete  
Name: MONCEAUX, CATHY  
Address: 1015 BELAIR DRIVE APT 2  
City-St-Zip: HIGHLAND BEACH, FL 33487

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated 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 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: CATHY MONCEAUX

VP

07/12/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date