

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763098

FILED
Jan 09, 2004
Secretary of State

Entity Name: CASA CAPRONA OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2605 ST LUCIE BLVD
#4
FORT PIERCE, FL 34946 US

New Principal Place of Business:

Current Mailing Address:

2605 ST LUCIE BLVD
#4
FORT PIERCE, FL 34946 US

New Mailing Address:

FEI Number: 59-2239241 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMP, PHILIP L
2605 ST LUCIE BLVD
#4
FT PIERCE, FL 34946 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: GALILCO, JOHN
Address: 2605 ST LUCIE BLVD, #23
City-St-Zip: FT. PIERCE, FL 34946

Title: VD () Delete
Name: PRENTICE, ANITA
Address: 2605 ST LUCIE BLVD, #1
City-St-Zip: FT PIERCE, FL 34946

Title: STD () Delete
Name: CAMP, PHILLIP
Address: 2605 ST LUCIE BLVD. #4
City-St-Zip: FORT PIERCE, FL 34946

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PRENTICE, ANITA
Address: 2605 ST LUCIE BLVD, #1
City-St-Zip: FT. PIERCE, FL 34946

Title: VD (X) Change () Addition
Name: BECOME, GEORGE
Address: 2605 ST LUCIE BLVD, #27
City-St-Zip: FT PIERCE, FL 34946

Title: TD (X) Change () Addition
Name: CAMP, PHILLIP
Address: 2605 ST LUCIE BLVD. #4
City-St-Zip: FORT PIERCE, FL 34946

Title: SD () Change (X) Addition
Name: MARIA, KRAUSE
Address: 2605 ST LUCIE BLVD #7
City-St-Zip: FORT PIERCE, FL 34946

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PHILIP L CAMP

TD

01/09/2004

Electronic Signature of Signing Officer or Director

Date