

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # 767639

1. Entity Name
**CASA DEL SOL OF BROWARD COUNTY CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**1400 N.E. 57TH ST
#305
FORT LAUDERDALE, FL 33334**

Mailing Address
**1400 N.E. 57TH ST
#305
FORT LAUDERDALE, FL 33334**



01052008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2620689

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BONHAM, PATRICIA E
1400 NE 57TH ST. # 305
FORT LAUDERDALE, FL 33334**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000777389
01/10/08-90005-016 61.25

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | TD |
| NAME | BONHAM, PATRICIA E |
| STREET ADDRESS | 1400 NE 57TH, SUITE 305 |
| CITY-ST-ZIP | FT LAUDERDALE, FL 33334 |
| TITLE | P |
| NAME | MOORE, MATHEW |
| STREET ADDRESS | 1400 NE 57 ST #204 |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33334 |
| TITLE | VP |
| NAME | FERTEL, ALAN |
| STREET ADDRESS | 1400 NE 59TH ST SUITE 103 |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33334 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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:

Patricia E Bonham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/08
Date

954-776-4595
Daytime Phone #