

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 768185

1. Entity Name  
THE CASABLANCA TOWNHOME HOMEOWNER'S  
ASSOCIATION, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP -7 PM 3:00

Principal Place of Business  
1836 FERNANDO DR  
TALLAHASSEE, FL 32303-5200 US

Mailing Address  
1836 FERNANDO DR  
TALLAHASSEE, FL 32303-5200 US



**DO NOT WRITE IN THIS SPACE**

09052006 No Chg-NP CR2E037 (4/06)

4. FEI Number  
59-3100468

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HOLLAND, RENEE D  
1836 FERNANDO DRIVE  
TALLAHASSEE, FL 32303

**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 not filing)

DATE

100079733561  
09/12/06--01068--014 \*\*\$1.25

**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          | TD                    |
| NAME           | HOLLAND, RENEE D      |
| STREET ADDRESS | 1836 FERNANDO DR      |
| CITY-ST-ZIP    | TALLAHASSEE, FL       |
| TITLE          | PD                    |
| NAME           | PATTERSON, PHIL       |
| STREET ADDRESS | 1534 FERNANDO DRIVE   |
| CITY-ST-ZIP    | TALLAHASSEE, FL 32303 |
| TITLE          | SD                    |
| NAME           | GRISSON, NANCY        |
| STREET ADDRESS | 1826 FERNANDO DR      |
| CITY-ST-ZIP    | TALLAHASSEE, FL 32303 |
| 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 information.

*R Holland* 9-6-06