FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H45415** **(7)**

1. Corporation Name

CASA LOMA ESTATES MOBILE HOME OWNERS ASSOCIATION , INC.

Principal Place of Business	Mailing Address
C/O BRUCE A. MITCHELL. ESQ. 1825 S. RIVERVIEW DR. MELBOURNE FL 32901	C/O BRUCE A. MITCHELL. ESQ. 1825 S. RIVERVIEW DR. MELBOURNE FL 32901

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

3. Date Incorporated or Qualified: **03/04/1985**

3a. Date of Last Report: **04/25/1995**

4. FEI Number: **59-2520313** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

MITCHELL, BRUCE A.
1825 S. RIVERVIEW DR.
MELBOURNE FL 32901

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	VP	☐ DELETE
NAME	BORG, GERALD	
STREET ADDRESS	410 ELISE LANE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	P	☐ DELETE
NAME	READ, WALTER	
STREET ADDRESS	667 KRISTY CIRCLE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	☐ DELETE
NAME	READ, GERALDINE	
STREET ADDRESS	667 KRISTY CIRCLE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	☐ DELETE
NAME	RASKULINECZ, GEORGE	
STREET ADDRESS	303 MELISSA LN	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	☒ DELETE
NAME	GIBBONS, DONALD	
STREET ADDRESS	520 TRACY LANE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	☐ DELETE
NAME	RAMSDEN, WILLIAM	
STREET ADDRESS	660 KRISTY CIRCLE	
CITY-ST-ZIP	MELBOURNE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE		☐ Change ☐ Addition
1-2 NAME		
1-3 STREET ADDRESS		
1-4 CITY-ST-ZIP		
2-1 TITLE		☐ Change ☐ Addition
2-2 NAME		
2-3 STREET ADDRESS		
2-4 CITY-ST-ZIP		
3-1 TITLE	S/T	☒ Change ☐ Addition
3-2 NAME		
3-3 STREET ADDRESS		
3-4 CITY-ST-ZIP		
4-1 TITLE		☐ Change ☐ Addition
4-2 NAME		
4-3 STREET ADDRESS		
4-4 CITY-ST-ZIP		
5-1 TITLE	D	☐ Change ☒ Addition
5-2 NAME	GIBBONS, GRACE	
5-3 STREET ADDRESS	520 TRACY LANE	
5-4 CITY-ST-ZIP	MELBOURNE FL	
6-1 TITLE		☐ Change ☐ Addition
6-2 NAME		
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Walter F. Read — WALTER F. READ PRESIDENT — 3-13-96 — (407)253-0041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)