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Apr 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H45415 (7)**  
1. Corporation Name  
**CASA LOMA ESTATES MOBILE HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>C/O BRUCE A. MITCHELL ESQ. 1825 S. RIVERVIEW DR. MELBOURNE FL 32901</b>	Mailing Address <b>C/O BRUCE A. MITCHELL ESQ. 1825 S. RIVERVIEW DR. MELBOURNE FL 32901-4711</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/04/1985</b>	3a. Date of Last Report <b>03/29/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2520313</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>MITCHELL, BRUCE A. 1825 S. RIVERVIEW DR. MELBOURNE FL 32901</b>		10. Name and Address of New Registered Agent	
		81 Name <b>Victor S. Kostro</b>	
		82 Street Address (P.O. Box Number is Not Acceptable) <b>1825 S. Riverview Dr.</b>	
		83	
		84 City <b>Melbourne</b>	85 State <b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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: Victor S. Kostro DATE: **02-03-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> DELETE NAME <b>VP</b> STREET ADDRESS <b>BORG, GERALD</b> CITY-STATE-ZIP <b>410 ELISE LANE MELBOURNE FL</b>		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	
2.1 TITLE <input type="checkbox"/> DELETE NAME <b>ST</b> STREET ADDRESS <b>READ, WALTER</b> CITY-STATE-ZIP <b>667 KRISTY CIRCLE MELBOURNE FL</b>		2.1 TITLE <b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	
3.1 TITLE <input type="checkbox"/> DELETE NAME <b>D</b> STREET ADDRESS <b>READ, GERALDINE</b> CITY-STATE-ZIP <b>667 KRISTY CIRCLE MELBOURNE FL</b>		3.1 TITLE <b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	
4.1 TITLE <input type="checkbox"/> DELETE NAME <b>D</b> STREET ADDRESS <b>RASKULINECZ, GEORGE</b> CITY-STATE-ZIP <b>303 MELISSA LN MELBOURNE FL</b>		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	
5.1 TITLE <input checked="" type="checkbox"/> DELETE NAME <del><b>GIBBONS, GRACE</b></del> STREET ADDRESS <del><b>520 TRACY LANE MELBOURNE FL</b></del> CITY-STATE-ZIP		5.1 TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME <b>Edward Bradd</b> 5.3 STREET ADDRESS <b>619 Kristy Circle</b> 5.4 CITY-STATE-ZIP <b>Melbourne FL</b>	
6.1 TITLE <input type="checkbox"/> DELETE NAME <b>D</b> STREET ADDRESS <b>RAMSDEN, WILLIAM</b> CITY-STATE-ZIP <b>660 KRISTY CIRCLE MELBOURNE FL</b>		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing 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, President DATE: **3-26-97** (407)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

**CASA LOMA ESTATES  
MOBILE HOME OWNERS  
ASSOCIATION, INC.**

**6560 North Harbor City Boulevard  
Melbourne, Florida 32940-7465**

Additional information Block 12 (Corporation Annual Report 1997)

D

DEAN, Flo  
609 Kristy Circle  
Melbourne, FL 32940

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RAVENS CRAFT, Bob  
603 Kristy Circle  
Melbourne, FL 32940

D

RAVENS CRAFT, Lotte  
603 Kristy Circle  
Melbourne, FL 32940

Additional information Block 13 (Corporation Annual Report 1997)

D

Michael Antisdell  
416 Elise Lane  
Melbourne, FL 32940

Addition