

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 670 BRUCE A. MITCHELL ESO. 1825 S. RIVERVIEW DR. MELBOURNE FL 32901	Mailing Address 670 BRUCE A. MITCHELL ESO. 1825 S. RIVERVIEW DR. MELBOURNE FL 32901
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6560 N. HARBOUR CITY BLVD. Suite, Apt #, etc.		2a. Mailing Address 26 613 KRISTY CIRCLE Suite, Apt #, etc.		3. Date Incorporated or Qualified 03/04/1985
22 City & State MELBOURNE FL		27 City & State MELBOURNE FL		4. FEI Number 59-2520313 Applied For Not Applicable
23 Zip 32940	25 Country	28 Zip 32940	29 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 32940		30 32940		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
2. Principal Place of Business 21 6560 N. HARBOUR CITY BLVD. Suite, Apt #, etc.				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent KOSTRO, VICTOR S 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	
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORG, GERALD	1.2 NAME	LANTZ, FRED
STREET ADDRESS	410 ELISE LANE	1.3 STREET ADDRESS	517 TRACY LANE
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	READ, WALTER	2.2 NAME	ANDERSON, EARL
STREET ADDRESS	667 KRISTY CIRCLE	2.3 STREET ADDRESS	655 KRISTY CIRCLE
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	MELBOURNE FL 32940
TITLE	ST D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	READ, GERALDINE	3.2 NAME	BORG, EVELYN
STREET ADDRESS	667 KRISTY CIRCLE	3.3 STREET ADDRESS	410 TRACEY LANE
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	MELBOURNE FL 32940
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RASKULINECZ, GEORGE	4.2 NAME	COON, SYDNEY
STREET ADDRESS	303 MELISSA LN	4.3 STREET ADDRESS	613 Kristy Circle
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	Melbourne, FL 32940
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	BRADD, EDWARD	5.2 NAME	
STREET ADDRESS	619 KRISTY CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	RAMSDEN, WILLIAM	6.2 NAME	
STREET ADDRESS	660 KRISTY CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	6.4 CITY-ST-ZIP	

14. I 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: *Sydney Coon* SYDNEY COON 3-24-98 (407) 242-3256

CR2E034 (10/97)