

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90231 030 ***158.75

DOCUMENT # H45415

1. Corporation Name

CASA LOMA ESTATES MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

6560 N HARBOUR CITY BLVD
MELBOURNE FL 32940
US

Mailing Address

613 KRISTY CIRCLE
MELBOURNE FL 32940
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1985

4. FEI Number

59-2520313

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

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

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

OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LANTZ, FRED	
STREET ADDRESS	517 TRACY LANE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ANDERSON, EARL	
STREET ADDRESS	65 KRISTY CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BORG, EVELYN	
STREET ADDRESS	410 TRACEY LANE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COON, SYDNEY	
STREET ADDRESS	613 KRISTY CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRADD, EDWARD	
STREET ADDRESS	619 KRISTY CIRCLE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAMSDEN, WILLIAM	
STREET ADDRESS	660 KRISTY CIRCLE	
CITY-ST-ZIP	MELBOURNE FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KENNEDY, HARRY	
1.3 STREET ADDRESS	304 MELISSA LANE	
1.4 CITY-ST-ZIP	MELBOURNE FL 32940	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BASHER, JANE	
2.3 STREET ADDRESS	506 TRACY LANE	
2.4 CITY-ST-ZIP	MELBOURNE FL 3240	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DEAN, FLORENCE	
3.3 STREET ADDRESS	609 KRISTY CIRCLE	
3.4 CITY-ST-ZIP	MELBOURNE FL 32940	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HOFFMAN, ARTHUR	
4.3 STREET ADDRESS	658 KRISTY CIRCLE	
4.4 CITY-ST-ZIP	MELBOURNE FL 32940	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GOULET, WAYNE	
5.3 STREET ADDRESS	500 TRACY LANE	
5.4 CITY-ST-ZIP	MELBOURNE FL 32940	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	RAVENSRAFT, ROBERT	
6.3 STREET ADDRESS	603 KRISTY CIRCLE	
6.4 CITY-ST-ZIP	MELBOURNE FL 32940	

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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sydney Coon

SYDNEY COON, Treasurer

03/03/99

(407) 242-3256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0114555