


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90101 014 \*\*\*\*61.25

<b>DOCUMENT # N01000004593</b> 1. Entity Name <b>CASA DE CAMPO HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>9126 SW 160TH TERRACE MIAMI, FL 33157 US</b>			Mailing Address <b>C/O BSSS-CONDO DEPT 2525 PONCE DE LEON BOULEVARD 5TH FLOOR CORAL GABLES, FL 33134 US</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-1121655</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>STRALEY &amp; OTTO, P.A. 2699 STIRLING ROAD SUITE C-207 FT. LAUDERDALE, FL 33312</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
D MOSHER, MARJORIE 9008 SW 161 TERRACE MIAMI, FL 33157		<input type="checkbox"/> Delete			
DV LICHTIGER, SHARI 9038 SW 161ST TERRACE MIAMI, FL 33157		<input type="checkbox"/> Delete			
D SHUE, ROBIN 9010 SW 162 ST MIAMI, FL 33157		<input type="checkbox"/> Delete			
T COSTLEY, JAMES 9110 S.W. 162 ST. MIAMI, FL 33157		<input type="checkbox"/> Delete			
D SANDERS, TRACY 9109 SW 162 ST MIAMI, FL 33157		<input type="checkbox"/> Delete			
P ROBINSON, WAYNE 9126 SW 160TH AVE MIAMI, FL 33157		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 empowered.					
<b>SIGNATURE: Wayne E. Robinson</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: <b>4/18/07</b> Daytime Phone #: <b>305-274-4600</b>					