

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 28, 2008 8:00 am**  
**Secretary of State**

07-28-2008 90033 031 \*\*\*\*61.25

**DOCUMENT # N01000004593**

1. Entity Name

CASA DE CAMPO HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business  
9126 SW 160TH TERRACE  
MIAMI, FL 33157 US

Mailing Address  
C/O BSSS-CONDO DEPT  
2525 PONCE DE LEON BOULEVARD 5TH FLOOR  
CORAL GABLES, FL 33134 US

60045620



**DO NOT WRITE IN THIS SPACE**

07112008 No Chg-NP CR2E037 (4/06)

4. FEI Number

65-1121655

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

STRALEY & OTTO, P.A.  
2699 STIRLING ROAD  
SUITE C-207  
FT. LAUDERDALE, FL 33312

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MOSHER, MARJORIE
STREET ADDRESS	9008 SW 161 TERRACE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	DV
NAME	LICHTIGER, SHARI
STREET ADDRESS	9038 SW 161ST TERRACE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	SHUE, ROBIN
STREET ADDRESS	9010 SW 162 ST
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	T
NAME	COSTLEY, JAMES
STREET ADDRESS	9110 S.W. 162 ST.
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	SANDERS, TRACY
STREET ADDRESS	9109 SW 162 ST
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	P
NAME	ROBINSON, WAYNE
STREET ADDRESS	9126 SW 160TH AVE
CITY-ST-ZIP	MIAMI, FL 33157

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne E. Robinson

7/23/08

Date

Daytime Phone #

786 514 6103