

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004593

FILED
Apr 17, 2009
Secretary of State

Entity Name: CASA DE CAMPO HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

9126 SW 160TH TERRACE
MIAMI, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1121655 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: MOSHER, MARJORIE
Address: 9008 SW 161 TERRACE
City-St-Zip: MIAMI, FL 33157

Title: DV () Delete
Name: LICHTIGER, SHARI
Address: 9038 SW 161ST TERRACE
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: SHUE, ROBIN
Address: 9010 SW 162 ST
City-St-Zip: MIAMI, FL 33157

Title: T () Delete
Name: COSTLEY, JAMES
Address: 9110 S.W. 162 ST.
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: SANDERS, TRACY
Address: 9109 SW 162 ST
City-St-Zip: MIAMI, FL 33157

Title: P (X) Delete
Name: ROBINSON, WAYNE
Address: 9126 SW 160TH AVE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SHUE, ROBIN
Address: 9010 SW 162 ST
City-St-Zip: MIAMI, FL 33157

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: SANDERS, TRACY
Address: 9109 SW 162 ST
City-St-Zip: MIAMI, FL 33157

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY SANDERS

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date