

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006868

FILED
Mar 14, 2009
Secretary of State

Entity Name: CASA DE VIDA HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

609 SOLEIL DR.
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

609 SOLEIL DR.
NAPLES, FL 34110

New Mailing Address:

FEI Number: 20-2912193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVELESS, STEVEN
524 111TH AVE.,
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

MARGINIAN, DAVE
609 SOLEIL DR
NAPLES, FL 34110 US

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: DAVE MARGINIAN

03/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDST () Delete
Name: LOVELESS, STEVEN
Address: 524 111TH AVE
City-St-Zip: NAPLES, FL 34108

Title: VD () Delete
Name: WARE, LISA
Address: 524 111TH AVE
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: JONES, PETILO
Address: 524 111TH AVE
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST (X) Change () Addition
Name: MARGINIAN, DAVE
Address: 609 SOLEIL DR
City-St-Zip: NAPLES, FL 34110

Title: VD (X) Change () Addition
Name: CLARK, ROBERT
Address: 657 SOLEIL DR
City-St-Zip: NAPLES, FL 34110

Title: D (X) Change () Addition
Name: SWARTZ, KENT
Address: 628 SOLEIL DR
City-St-Zip: NAPLES, FL 34110

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: KENT SWARTZ

D

03/14/2009

Electronic Signature of Signing Officer or Director

Date