

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2003 8:00 am
Secretary of State

06-06-2003 90044 015 ****61.25

DOCUMENT # NO1000008392

1. Entity Name

CASAS DE CALIENTE ASSOCIATION, INC.



Principal Place of Business

**6624 CALIENTE BLVD
LAND O LAKES FL 34639**

Mailing Address

**POST OFFICE BOX 1255
LAND O LAKES FL 34639**

2. Principal Place of Business

21240 Gran Via Blvd.
Suite, Apt. #, etc.

3. Mailing Address

21240 Gran Via Blvd.
Suite, Apt. #, etc.

City & State

Land O Lakes, FL

City & State

Land O Lakes, FL

Zip

34639

Country

USA

Zip

34639

Country

USA

4. FEI Number **65-1057926**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BALDWIN, WILLIAM
6624 CALIENTE BLVD
LAND O LAKES FL 34639**

7. Name and Address of New Registered Agent

Name *William Baldwin*

Street Address (P.O. Box Number is Not Acceptable)

21240 Gran Via Blvd.

City *Land O Lakes*

FL

Zip Code

34639

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PD BALDWIN, WILLIAM**
STREET ADDRESS **P.O. BOX 1255**
CITY-ST-ZIP **LAND O LAKES FL 34639**

TITLE ☐ Delete
NAME **VD FOSTER, CHARLES E**
STREET ADDRESS **P.O. BOX 1255**
CITY-ST-ZIP **LAND O LAKES FL 34639**

TITLE ☐ Delete
NAME **ST SCHULTZ, FRED**
STREET ADDRESS **19235 HWY 41N**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Frederick Schultz **SIGNATURE REQUIRED**

5/26/03

CR2E037 (10/02)