

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90010 013 ****61.61

DOCUMENT # N01393

1. Entity Name

CASA DEL RIO UNIT OWNERS ASSOCIATION, INC.



Principal Place of Business

1540 RIVERSIDE DR
BOX 101
TITUSVILLE F 32780
US

Mailing Address

1540 RIVERSIDE DR
BOX 101
TITUSVILLE F 32780
US

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



1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2917364

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUCKE, AL
1540 RIVERSIDE DR.
SUITE U-101
TITUSVILLE FL 32780

Name

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

City

FL

Zip Code

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
Due By May 1, 2008

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 PD
NAME LUCKE, AL ☐ Delete
STREET ADDRESS 1540 RIVERSIDE DRIVE #101
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE VSD
NAME HULSE, BEA ☐ Delete
STREET ADDRESS 1540 RIVERSIDE DR. 201
CITY-ST-ZIP TITUSVILLE FL

TITLE T
NAME LUCKE, AL- ☐ Delete
STREET ADDRESS 1540 RIVERSIDE DR #101
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE VP
NAME PARRISH, BERNARD ☐ Delete
STREET ADDRESS 1540 RIVERSIDE DR #203
CITY-ST-ZIP TITUSVILLE FL 32780

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 exemptions contained in Section 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:

Al Lucke **PRESIDENT AL LUCKE** 2/17/08 321 759-5229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #