

FILED
Feb 17, 2003 8:00 am
Secretary of State

01-06-2003 90015 014 ****61.25

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

DOCUMENT # N02000005413

1. Entity Name

CASA DEL VISTA TOWNHOME ASSOC. INC.



55008282

Principal Place of Business
4155 N COURTENAY PKWY
MERRITT ISLAND FL 32953

Mailing Address
4155 N COURTENAY PKWY
MERRITT ISLAND FL 32953

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4234451

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BISCONTINI, JEAN M.
4155 N COURTENAY PKWY
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent

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 resigning)

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 NAME PRES - DIR
STREET ADDRESS 724 FREUND
CITY-STATE-ZIP 4225 ROBBINS HILL CT
MIMS, FL 32754

TITLE NAME DAVE WALSH
STREET ADDRESS 3930 SEA GATE CIRC.
CITY-STATE-ZIP MERRITT ISLAND, FL 32953

TITLE NAME SEC. DIR
STREET ADDRESS JEAN MARIE BISCONTINI
CITY-STATE-ZIP 4017 SHUTTLE COURT
Merritt Island, FL 32953

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME
STREET ADDRESS
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JEAN M. BISCONTINI, R.A.

1-4-03 321-452-5925