2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# N02000005427

Entity Name: CASA MARA TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business:

409 S WESTLAND AVE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

409 S WESTLAND AVE
UNIT 1
TAMPA, FL 33606

New Mailing Address:

409 S WESTLAND AVE
UNIT 5
TAMPA, FL 33606

FEI Number: 03-0489191 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEMARCAY, TIFFANY
409 S WESTLAND AVE
UNIT 1
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

HILL, LINDA M
409 S WESTLAND AVE
UNIT 4
TAMPA, FL 33606 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: LINDA M. HILL 04/21/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VALDEZ, JODY
Address: 409 S WEST LAND AVE UNIT 4
City-St-Zip: TAMPA, FL 33606

Title: VP ( ) Delete
Name: PECARARO, STEVE
Address: 409 S WESTLAND AVE UNIT 2
City-St-Zip: TAMPA, FL 33606

Title: S ( ) Delete
Name: MCDONALD, ALLISON
Address: 409 S WESTLAND AVE UNIT 3
City-St-Zip: TAMPA, FL 33606

Title: T (X) Delete
Name: DEMARCAY, TIFFANY
Address: 409 S WESTLAND AVE UNIT 1
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: VALDEZ, JODY
Address: 409 S WEST LAND AVE UNIT 3
City-St-Zip: TAMPA, FL 33606

Title: S (X) Change ( ) Addition
Name: PECARARO, STEVE
Address: 409 S WESTLAND AVE UNIT 2
City-St-Zip: TAMPA, FL 33606

Title: T (X) Change ( ) Addition
Name: HILL, LINDA M
Address: 409 S WESTLAND AVE UNIT 4
City-St-Zip: TAMPA, FL 33606

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LINDA M. HILL TREA 04/21/2005
Electronic Signature of Signing Officer or Director Date