

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

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90312 020 ****61.25

DOCUMENT # N02000005427

1. Entity Name

CASA MARA TOWNHOMES ASSOCIATION, INC.



Principal Place of Business

**325 SOUTH BOULEVARD
TAMPA FL 33606**

Mailing Address

**325 SOUTH BOULEVARD
TAMPA FL 33606**

2. Principal Place of Business

409 S WESTLAND AVE

3. Mailing Address

409 S WESTLAND AVE

Suite, Apt. #, etc.

UNIT 1

Suite, Apt. #, etc.

UNIT 1

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33606

Country

USA

Zip

33606

Country

USA

4. FEI Number

030489191

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

JAMES, JUDITH L

**325 SOUTH BOULEVARD
TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name

DEMARCA, TIFFANY

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

409 S WESTLAND AVE

UNIT 1

City

TAMPA

FL

Zip Code

33606

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

Tiffany Demarca, Treasurer of Casa Mara Townhomes Association, Inc. 9/5/03

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
After September 10, 2003, min will be \$236.25**

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	D	<input checked="" type="checkbox"/> Delete
NAME	LUM, JOHN	
STREET ADDRESS	2101 W. PLATT STREET	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOEHLER, KEITH W	
STREET ADDRESS	2101 W. PLATT STREET	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GULUZIAN, ARAM	
STREET ADDRESS	2101 W. PLATT STREET	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT (P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JODY VALDEZ	
STREET ADDRESS	409 S WESTLAND AVE UNIT #4	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	VICE PRESIDENT (V)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVE RICARDO	
STREET ADDRESS	409 S WESTLAND AVE UNIT #2	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	SECRETARY (S)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Allison McDonald	
STREET ADDRESS	409 S WESTLAND AVE UNIT #3	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	TREASURER (T)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIFFANY DEMARCA	
STREET ADDRESS	409 S WESTLAND AVE UNIT #1	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Tiffany Demarca, Treasurer 9/5/03 (813) 731-5151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR/TOWNHOMES ASSN. INC. DATE Daytime Phone #

CR2E037 (4/03)