2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# N02000008110

Entity Name: CASA CLARA TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business:

216 SOUTH WESTLAND AVENUE
UNITES 1-4
TAMPA, FL 33606

New Principal Place of Business:

216 SOUTH WESTLAND AVENUE
UNITS 1-4
TAMPA, FL 33606

Current Mailing Address:

216 SOUTH WESTLAND AVENUE
UNIT 6
TAMPA, FL 33606

New Mailing Address:

FEI Number: 05-1169827 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GANS, JENNIFER
216 SOUTH WESTLAND AVENUE
UNIT 6
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GANS, JENNIFER
Address: 216 SOUTH WESTLAND AVENUE, UNIT 6
City-St-Zip: TAMPA, FL 33606

Title: VP ( ) Delete
Name: GREENELY, PAIGE
Address: 216 SOUTH WESTLAND AVENUE, UNIT 1
City-St-Zip: TAMPA, FL 33606

Title: T ( ) Delete
Name: PIUS, DAVID
Address: 216 SOUTH WESTLAND AVENUE, UNIT 6
City-St-Zip: TAMPA, FL 33606

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GANS, JENNIFER
Address: 216 SOUTH WESTLAND AVENUE, UNIT 2
City-St-Zip: TAMPA, FL 33606

Title: VP (X) Change ( ) Addition
Name: GREENLEE, PAIGE
Address: 216 SOUTH WESTLAND AVENUE, UNIT 1
City-St-Zip: TAMPA, FL 33606

Title: T (X) Change ( ) Addition
Name: PIUS, DAVID
Address: 216 SOUTH WESTLAND AVENUE, UNIT 4
City-St-Zip: TAMPA, FL 33606

Title: S ( ) Change (X) Addition
Name: BURNS, JAMES S
Address: 216 SOUTH WESTLAND AVE, UNIT 1
City-St-Zip: TAMPA, FL 33606

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: JAMES S BURNS S 04/20/2005

Electronic Signature of Signing Officer or Director — Date