

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 13, 2005
Secretary of State**

DOCUMENT# N03000003272

Entity Name: CASA NORMA TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business:

501 S MELVILLE AVE.
#5
TAMPA, FL 33606

New Principal Place of Business:

501 S MELVILLE AVE.
#3
TAMPA, FL 33606

Current Mailing Address:

501 S MELVILLE AVE.
#5
TAMPA, FL 33606

New Mailing Address:

501 S MELVILLE AVE.
#3
TAMPA, FL 33606

FEI Number: 05-0566238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, CHRISTINA
501 S MELVILLE AVE.
#3
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: UNGERER, SHANNON
Address: 501 S MELVILLE AVE., #2
City-St-Zip: TAMPA, FL 33606

Title: V () Delete
Name: PARK, EUNMI
Address: 501 S MELVILLE AVE., #1
City-St-Zip: TAMPA, FL 33606

Title: S () Delete
Name: GRESSER, DANNY
Address: 501 S MELVILLE AVE., #4
City-St-Zip: TAMPA, FL 33606

Title: T () Delete
Name: GONZALEZ, CHRISTINA
Address: 501 S MELVILLE AVE., #3
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CHRISTINA GONZALEZ

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04/13/2005

Electronic Signature of Signing Officer or Director

Date