2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004055

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

WEST PALM BEACH, FL 33415

WEST PALM BEACH, FL 33415

VANDAIS, ANITA

6152 16 PL S

() Delete

Entity Name: HOME OWNERS ASSOCIATION AT CASA, INC.

FILED Aug 02, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6152 16TH PLACE S WEST PALM BEACH, FL 33415 **Current Mailing Address: New Mailing Address:** 6152 16TH PLACE S WEST PALM BEACH, FL 33415 **FEI Number:** FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VADNAIS, ANITA 6152 16TH PLACE S WEST PALM BEACH, FL 33415 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete CARL, RICHARD A HILDERMAN, WENDELL G Name: Name: Address: 1540 60TH TRAIL S Address: 1641 62 DRIVE SOUTH City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: WEST PALM BEACH, FL 33415 (X) Change () Addition Title: () Delete Title: Name: WHEATLY, LYNDA Name: SAAVEDRA, KAREN Address: 6211 15TH CT. S Address: 6299 17 COURT SOUTH City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: WEST PALM BEACH, FL 33415 Title: () Delete Title: () Change () Addition FOURNIER, JEAN P Name: Name: Address: 6199 16TH WAY S Address:

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: WENDELL HILDERMAN P 08/02/2004

() Change () Addition