

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004055

FILED  
Jan 12, 2006  
Secretary of State

Entity Name: HOME OWNERS ASSOCIATION AT CASA, INC.

## Current Principal Place of Business:

6152 16TH PLACE S.  
WEST PALM BEACH, FL 33415

## New Principal Place of Business:

1590 62ND DRIVE SOUTH  
WEST PALM BEACH, FL 33415

## Current Mailing Address:

6152 16TH PLACE S.  
WEST PALM BEACH, FL 33415

## New Mailing Address:

1590 62ND DRIVE SOUTH  
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:

VADNAIS, ANITA  
6152 16TH PLACE S  
WEST PALM BEACH, FL 33415 US

## Name and Address of New Registered Agent:

TUCKSON, TRINA  
1590 62ND DRIVE SOUTH  
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: JEAN-PIERRE FOURNIER

01/12/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TUCKSON, ROXANNA  
Address: 1590 62 ND DRIVE SOUTH.  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VP ( ) Delete  
Name: SHERBOURNE, MARIA  
Address: 1682 64 TH DRIVE SOUTH.  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: T ( ) Delete  
Name: FOURNIER, JEAN-PIERRE  
Address: 6199 16TH WAY SOUTH  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: S ( ) Delete  
Name: VANDNAIS, ANITA  
Address: 6152 16 PLACE SOUTH  
City-St-Zip: WEST PALM BEACH, FL 33415

## 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: S (X) Change ( ) Addition  
Name: TUCKSON, TRINA  
Address: 1590 62ND DRIVE SOUTH  
City-St-Zip: WEST PALM BEACH, FL 33415

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JEAN-PIERRE FOURNIER

T

01/12/2006

Electronic Signature of Signing Officer or Director

Date