

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004055

FILED
Aug 13, 2008
Secretary of State

Entity Name: HOME OWNERS ASSOCIATION AT CASA, INC.

Current Principal Place of Business:

1590 62ND DRIVE SOUTH
WEST PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

1590 62ND DRIVE SOUTH
WEST PALM BEACH, FL 33415

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FOURNIER, JEAN-PIERRE
6199 16 WAY 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: _____

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: KING, MIKE
Address: 1587 63 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: STEFAN, HEIDI
Address: 6034 18 STREET 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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

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08/13/2008

Electronic Signature of Signing Officer or Director

Date