

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004055

FILED
Jan 14, 2009
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:

6199 16 WAY SOUTH
WEST PALM BEACH, FL 33415

Current Mailing Address:

1590 62ND DRIVE SOUTH
WEST PALM BEACH, FL 33415

New Mailing Address:

6199 16 WAY 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:

FOURNIER, JEAN-PIERRE
6199 16 WAY SOUTH
WEST PALM BEACH, FL 33415 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: 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: P (X) Change () Addition
Name: ESLER, MARVIN
Address: 1540 63RD WAY SOUTH
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VP (X) Change () Addition
Name: PADILLA, ED
Address: 1613 63 AV SOUTH
City-St-Zip: WEST PALM BEACH, FL 33415

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

Title: S (X) Change () Addition
Name: HADIX, SARAH
Address: 1540 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 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

TR

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date