

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 06, 2009
Secretary of State

DOCUMENT# N03000004055

Entity Name: HOME OWNERS ASSOCIATION AT CASA, INC.**Current Principal Place of Business:**6199 16 WAY SOUTH
WEST PALM BEACH, FL 33415**New Principal Place of Business:**1682 64 DRIVE SOUTH
WEST PALM BEACH, FL 33415**Current Mailing Address:**6199 16 WAY SOUTH
WEST PALM BEACH, FL 33415**New Mailing Address:**1682 64 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:**FOURNIER, JEAN-PIERRE
6199 16 WAY SOUTH
WEST PALM BEACH, FL 33415 US**Name and Address of New Registered Agent:**SHERBOURNE, MARIA
1682 64 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

10/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: ESLER, MARVIN
Address: 1540 63RD WAY SOUTH
City-St-Zip: WEST PALM BEACH, FL 33415Title: VP () Delete
Name: PADILLA, ED
Address: 1613 63 AV SOUTH
City-St-Zip: WEST PALM BEACH, FL 33415Title: T () Delete
Name: FOURNIER, JEAN-PIERRE
Address: 6199 16TH WAY SOUTH
City-St-Zip: WEST PALM BEACH, FL 33415Title: S () Delete
Name: HADIX, SARAH
Address: 1540 62ND DRIVE SOUTH
City-St-Zip: WEST PALM BEACH, FL 33415**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change () Addition
Name: SHERBOURNE, MARIA
Address: 1682 64 DRIVE SOUTH
City-St-Zip: WEST PALM BEACH, FL 33415Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: T (X) Change () Addition
Name: MONTUORE, JOE
Address: 1612 64 DRIVE SOUTH
City-St-Zip: WEST PALM BEACH, FL 33415Title: () 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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10/06/2009

Electronic Signature of Signing Officer or Director

Date