

**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