2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State
09-08-2004 90123 033 ****61.25

DOCUMENT # N03000007554

1. Entity Name
CASA HERMOSA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
100 CORRIDOR RD SOUTH STE 200 PONTE VEDRA BCH, FL 32082	100 CORRIDOR RD SOUTH STE 200 PONTE VEDRA BCH, FL 32082

64U03000

08172004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
2114 Gail Ave	2114 Gail Ave
Suite, Apt. #, etc. B	Suite, Apt. #, etc. B
City & State Jacksonville Beach	City & State Jacksonville Beach
Zip 32250 Country	Zip 32250 Country

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVENPORT, GARY B
4B OLD KINGS RD NORTH
PALM COAST, FL 32137

7. Name and Address of New Registered Agent

Name Afesa Adams
Street Address (P.O. Box Number is Not Acceptable) 2114 B Gail Ave.
City Jacksonville Beach FL Zip Code 32250

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Afesa Adams Sept. 1, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SCHWAB, PETER W 301 S MILLVIEW WAY PONTE VEDRA, FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres President Shiloh Blair 2114 A Gail Ave	☑ Change ☐ Addition Jacksonville Beach, FL 32250
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SCHWAB, DELORES B 301 S MILLVIEW WAY PONTE VEDRA, FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Kris Klive 2114 C Gail Ave.	☐ Change ☐ Addition Jacksonville Beach 32250
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST ANDERSON, CORY J 301 S MILLVIEW WAY PONTE VEDRA, FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec./Treasurer Cory Anderson 2114 D Gail Ave	☐ Change ☐ Addition Jacksonville Beach, FL 32250
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cory Anderson 9/1/04 904-504-8979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #