2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000007554

FILED Apr 08, 2009 Secretary of State

DOCOM	IEN 1# NU300000/554		Secretary of State	
Entity Nan	ne: CASA HERMOSA ASSOCIATION, INC.			
Current Pr	rincipal Place of Business:	New Principal Place o	of Business:	
2114 GAIL JACKSON	AVE VILLE BEACH, FL 32250			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	IL AVENUE VILLE, FL 32250 US			
FEI Number: In accordance	20-0866529 FEI Number Applied For () Fee with s. 607.193(2)(b), F.S., the corporation did not re		Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address of	New Registered Agent:	
SHAFFER, JOSEPH 2043 SOUTH 2ND STREET #B JACKSONVILLE, FL 32250 US		TICE, MIKE 2114 A GAIL AVENUE JACKSONVILLE BEAC		
The above in the State	named entity submits this statement for the purp of Florida.	oose of changing its registered	office or registered agent, or both,	
SIGNATURE: MIKE TICE			04/08/2009	
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete TICE, MIKE 2114 A GAIL AVENUE JACKSONVILLE BEACH, FL 32250 US	Title: (Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VS () Delete ANDERSON, KOREY 2114 D GAIL AVENUE JACKSONVILLE BEACH, FL 32250 US	Title: (Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T () Delete ADAMS, AFESA 2114 B GAIL AVENUE JACKSONVILLE BEACH, FL 32250 US	Title: (Name: Address: City-St-Zip:	() Change () Addition	

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: MIKE TICE P 04/08/2009