

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90262 036 \*\*\*\*61.25

<b>DOCUMENT # N04000009519</b> 1. Entity Name <b>CASA DI COMPAGNI PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>2033 MAIN STREET SUITE 600 SARASOTA, FL 34237</b>			Mailing Address <b>2033 MAIN STREET SUITE 600 SARASOTA, FL 34237</b>		
2. Principal Place of Business - No P.O. Box # <b>515 27th St E</b> Suite, Apt. #, etc. <b>Suite #3</b>		3. Mailing Address <b>515 27th Street East</b> Suite, Apt. #, etc. <b>Suite #3</b>		04112007 Chg-NP CR2E037 (12/06)	
City & State <b>Bradenton, FL</b>		City & State <b>Bradenton, FL</b>		4. FEI Number <b>20-1726551</b>	
Zip <b>34208</b>		Country <b>Manatee</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PFLUGNER, J GEOFFREY 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237</b>				7. Name and Address of New Registered Agent Name <b>TRAVIS L. Hill</b> Street Address (P.O. Box Number is Not Acceptable) <b>515 27th Street East Suite #3</b> City <b>Bradenton</b> FL <b>34208</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>4/16/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PTD CASSATA, ROSARIO 491 E. MACEWEN DRIVE OSPREY, FL 34229</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VSD MORRISON, MARGARET 7511 SOUTH TAMiami TRAIL SARASOTA, FL 34231</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BROWNE, STEPHEN J 2033 MAIN STREET #600 SARASOTA, FL 34237</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>4/16/07</b> <small>Date</small>	
				Daytime Phone #	