2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State
03-21-2007 90043 022 ****61.25

DOCUMENT # N05000005833

1. Entity Name

CASA LOMA ESTATES CO-OP, INC.

Principal Place of Business	Mailing Address
6560 N HARBOR CITY BLVD MELBOURNE FL 32940	6560 N HARBOR CITY BLVD MELBOURNE FL 32940

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-2946656 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERNSTEIN, DAVID S ESQ 150 2ND AVE N STE 1700 ST PETERSBURG FL 33701	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Marilyn A. Cross Marilyn A. Cross DATE March 7, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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	P FERGUSON, JOSEPH F 670 KRISTY CIRCLE MELBOURNE FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Frank Burkett 1794 Crane Creek Blvd Melbourne, FL 32940	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CROSS, MARILYN 319 MELISSA LN MELBOURNE FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Joseph F Ferguson 670 Kristy Circle Melbourne, FL 32940	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KOPENHAFER, BETTE 657 KRISTY CIRCLE MELBOURNE FL 32940	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Marilyn A. Cross 319 Melissa Ln Melbourne, FL 32940	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOULET, WAYNE 500 TRACY LN MELBOURNE FL 32940	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Nancy Dickel 608 Kristy Circle Melbourne, FL 32940	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, KURT 508 TRACY LN MELBOURNE FL 32940	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Paul Snyder 628 Kristy Circle Melbourne, FL 32940	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAVENSCRAFT, BOBBY 603 KRISTY CIRCLE MELBOURNE FL 32940	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Wilbur Windham 650 Kristy Circle Melbourne, FL 32940	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Marilyn A. Cross 4-2-07 321-754-2656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #