

# 2 parcels w/ EASEMENTS

## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-23-2007 90026 019 \*\*\*\*61.25

60010300

DOCUMENT # N05000006814



1. Entity Name  
**CASA DEL SOL PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business  
**658 W INDIANTOWN RD STE 211  
 JUPITER, FL 33458**

Mailing Address

**Bristol Management Services, Inc.  
 1930 Commerce Lane, Ste. 1  
 Jupiter, FL 33458**

2. Principal Place of Business - No P.O. Box

Suite, Apt. #, etc.

01262007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**20-4683948**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**HELM, JAMES T  
 658 W INDIANTOWN RD STE 211  
 JUPITER, FL 33458**

Name **Steve Ingalls, PLAM**  
 Street Address (P.O. Box Number is Not Acceptable)  
**BRISTOL MANAGEMENT**  
**1930 Commerce Lane, Suite 1**  
 City **Jupiter** FL Zip Code **33458**

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-31-07**

**Filing 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 **PD** ☐ Delete  
 NAME **HELM, JAMES T**  
 STREET ADDRESS **658 W INDIANTOWN RD STE 211**  
 CITY - ST - ZIP **JUPITER, FL 33458**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE **STD** ☐ Delete  
 NAME **HELM, KIM**  
 STREET ADDRESS **658 W INDIANTOWN RD STE 211**  
 CITY - ST - ZIP **JUPITER, FL 33458**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE **D** ☐ Delete  
 NAME **BRUCE, ROBERT**  
 STREET ADDRESS **658 W INDIANTOWN RD STE 211**  
 CITY - ST - ZIP **JUPITER, FL 33458**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE **D** ☐ Delete  
 NAME **JAGODA, LISA N**  
 STREET ADDRESS **658 W INDIANTOWN RD STE 211**  
 CITY - ST - ZIP **JUPITER, FL 33458**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

**James T. Helm**

**2-6-07**

Date

Daytime Phone #

**561-743-4420**