

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011809

FILED
Apr 14, 2006
Secretary of State

Entity Name: CASTELLO DAL LAGO HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5454 CAPE HATTERAS DRIVE
CLERMONT, FL 34714

New Principal Place of Business:

Current Mailing Address:

5454 CAPE HATTERAS DRIVE
CLERMONT, FL 34714

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMILTON, ROGER
5454 CAPE HATTERAS DRIVE
CLERMONT, FL 34714 US

Name and Address of New Registered Agent:

HAMILTON, ROGER A
5454 CAPE HATTERAS DRIVE
CLERMONT, FL 34714 US

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.

SIGNATURE: ROGER A HAMILTON

04/14/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HAMILTON, ROGER
Address: 5454 CAPE HATTERAS DRIVE
City-St-Zip: CLERMONT, FL 34714

Title: DVST () Delete
Name: HAMILTON, ANGELA
Address: 5454 CAPE HATTERAS DRIVE
City-St-Zip: CLERMONT, FL 34714

Title: D () Delete
Name: HARRIS, KEITH
Address: 5454 CAPE HATTERAS DRIVE
City-St-Zip: CLERMONT, FL 34714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HAMILTON, ROGER A
Address: 5454 CAPE HATTERAS DRIVE
City-St-Zip: CLERMONT, FL 34714

Title: DVST (X) Change () Addition
Name: HAMILTON, ANGELA M
Address: 5454 CAPE HATTERAS DRIVE
City-St-Zip: CLERMONT, FL 34714

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ANGELA M HAMILTON

DVST

04/14/2006

Electronic Signature of Signing Officer or Director

Date