

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012986

FILED
Apr 09, 2007
Secretary of State

Entity Name: CASITA OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

21116 LIRIO DRIVE
LAND O'LAKES, FL 34637

New Principal Place of Business:

Current Mailing Address:

PO BOX 2081
LAND O'LAKES, FL 34639

New Mailing Address:

FEI Number: 41-2222546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATKINS, GREG
21051 LIRIO DRIVE
LAND O'LAKES, FL 34637 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WATKINS, GREG
Address: 21051 LIRIO DRIVE
City-St-Zip: LAND O'LAKES, FL 34637

Title: VP () Delete
Name: HAIRELSON, ANDREA
Address: 6532 LA MESA ROAD
City-St-Zip: LAND O'LAKES, FL 34637

Title: S () Delete
Name: POOLE, SUZZANE
Address: 6633 LA MESA ROAD
City-St-Zip: LAND O'LAKES, FL 34637

Title: T () Delete
Name: MATHEWS, JOEL
Address: 6610 LA MESA ROAD
City-St-Zip: LAND O'LAKES, FL 34637

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JOEL MATHEWS

T

04/09/2007

Electronic Signature of Signing Officer or Director

Date