

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012986

FILED
Mar 07, 2008
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:

MATHEWS, JOEL
6610 LA MESA ROAD
LAND O'LAKES, FL 34637 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: JOEL MATHEWS

03/07/2008

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: P (X) Change () Addition
Name: FERREE, JIM
Address: 6621 BONITA VISTA CT.
City-St-Zip: LAND O'LAKES, FL 34637

Title: VP (X) Change () Addition
Name: LEWIS, ROBERT
Address: 21251 SAN PABLO DRIVE
City-St-Zip: LAND O'LAKES, FL 34637

Title: S (X) Change () Addition
Name: POOLE, SUZZANE
Address: 6637 LA MESA ROAD
City-St-Zip: LAND O'LAKES, FL 34637

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

I hereby certify that the information supplied with this filing does not qualify 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

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03/07/2008

Electronic Signature of Signing Officer or Director

Date