

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010290

FILED  
Apr 26, 2011  
Secretary of State

**Entity Name:** CASAS ANDALUZAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

500 SOUTH DIXIE HIGHWAY  
SUITE 307  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

500 SOUTH DIXIE HIGHWAY  
SUITE 307  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SKINNER, TRUMAN A  
500 SOUTH DIXIE HIGHWAY  
SUITE 307  
CORAL GABLES, FL 33146 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: D/S  
Name: LUCAS, SAMANTHA  
Address: 500 SOUTH DIXIE HIGHWAY, SUITE 307  
City-St-Zip: CORAL GABLES, FL 33146 US

Title: DVP  
Name: MCBRIDE, BRIAN A  
Address: 500 SOUTH DIXIE HIGHWAY, SUITE 307  
City-St-Zip: CORAL GABLES, FL 33146 US

Title: D/P  
Name: SKINNER, TRUMAN A  
Address: 500 SOUTH DIXIE HIGHWAY, SUITE 307  
City-St-Zip: CORAL GABLES, FL 33146 US

I hereby 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 all other like empowered.

SIGNATURE: TRUMAN A. SKINNER

P

04/26/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date