

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 03, 2010
Secretary of State

DOCUMENT# N09000002003

Entity Name: THE CASITAS AT OLD PALM GOLF CLUB HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**24301 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134**New Principal Place of Business:****Current Mailing Address:**24301 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134**New Mailing Address:****FEI Number:** 26-4371451**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HASTINGS, VIVIEN
24301 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134 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: PD
Name: PARATORE, LOU
Address: 11889 OLD PALM DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VD
Name: RICHARDSON, BART
Address: 11889 OLD PALM DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: STD
Name: D'ALESSANDRO, EDDIE
Address: 11889 OLD PALM DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: LOU PARATORE

PD

08/03/2010

Electronic Signature of Signing Officer or Director

Date