

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90041 034 \*\*\*\*61.25

**DOCUMENT # N09705**

1. Entity Name

**CASA LAGUNA CONDOMINIUM HOMEOWNERS ASSOCIATION,**

Principal Place of Business

Mailing Address

**3552 MUIRFIELD DRIVE  
TITUSVILLE FL 32780**

**3552 MUIRFIELD DRIVE  
TITUSVILLE FL 32780-3457**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-2672465**

Applied  
Not Applied

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHITWOOD, WAYNE B.  
3552 MUIRFIELD DR  
TITUSVILLE FL 32780**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD CHITWOOD, WAYNE B. 3552 MUIRFIELD DR TITUSVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD LEVANN, THOMAS 3556 MUIRFIELD DR TITUSVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD STRAIT, MARY P. 3550 MUIRFIELD DR TITUSVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CHITWOOD, DEBORAH 3552 MUIRFIELD DR. TITUSVILLE FL 32780</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WARDMAN, JULEE M 3554 MUIRFIELD DR. TITUSVILLE FL 32780</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEVANN, THOMAS 3556 MUIRFIELD DR TITUSVILLE, FL 32780</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D WARDMAN, JULEE M 3554 MUIRFIELD DR. TITUSVILLE, FL 32780</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V CLARENCE STRAIT 3550 MUIRFIELD DR TITUSVILLE, FL 32780</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or is changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Wayne B. Chitwood* **TREASURER** *1/31/2000 (321)-268-2*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #