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USA-FL-005

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N12936

1. Corporation Name

CASA SUL LAGO MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

19987 VILLA LANTE PLACE
 BOCA RATON FL 33434

Mailing Address

19987 VILLA LANTE PLACE
 BOCA RATON FL 33434



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

01/10/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

~~59-2737832~~ 65-0124451

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARF, WATER N. JR.
19987 VILLA LANTE PL.
BOCA RATON FL 33431

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DV** DELETE
 NAME **COLE, RICHARD H**
 STREET ADDRESS **19962 VILLA LANTE PL**
 CITY-ST-ZIP **BOCA RATON FL**

1.1 TITLE **V/D** Change Addition
 1.2 NAME **Brenda Nudelberg**
 1.3 STREET ADDRESS **19963 Villa Lante Place**
 1.4 CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE **PD** DELETE
 NAME **WARF, WALTER N. JR.**
 STREET ADDRESS **19987 VILLA LANTE PL.**
 CITY-ST-ZIP **BOCA RATON FL**

2.1 TITLE **S/T/D** Change Addition
 2.2 NAME **Bruce Weiskard**
 2.3 STREET ADDRESS **19954 Villa Lante Place**
 2.4 CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE **STD** DELETE
 NAME **BRENDA NUDELBERG**
 STREET ADDRESS **19963 VILLA LANTE PLACE**
 CITY-ST-ZIP **BOCA RATON FL**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-99

954-344-5353

CR2E037 (1/198)