
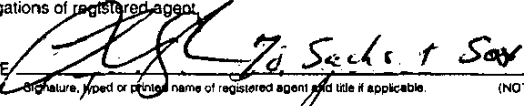
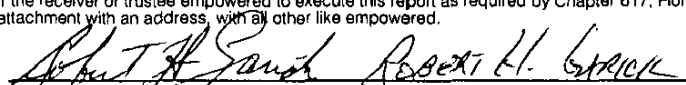


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2008 8:00 am
Secretary of State

08-05-2008 90003 047 ****61.25

DOCUMENT # N12936			
1. Entity Name CASA SUL LAGO MAINTENANCE ASSOCIATION, INC.			
Principal Place of Business 19987 VILLA LANTE PLACE BOCA RATON, FL 33431		Mailing Address 19987 VILLA LANTE PLACE BOCA RATON, FL 33431 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 40 Quality Management	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 9045 LA FONTANA BLD # 101	
City & State		City & State BOCA RATON, FL	
Zip	Country	Zip	Country
33434	USA	33434	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GAREK, ROBERT 19987 VILLA LANTE PLACE BOCA RATON, FL 33434		Name: SACHS & SAY, P.A. ^{Lewis Kaplan} Street Address (P.O. Box Number is Not Acceptable): 301 YAMATO RD SUITE 4150 City: BOCA RATON FL Zip Code: 33431	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE: 7/28/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BIFANO, ANTHONY 19987 VILLA LANTE PLACE BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARICK, ROBERT 19987 VILLA LANTE PLACE BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GREGG, PATRICIA 19943 VILLA LANTE PLACE BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Addition
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"/> Addition
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"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: 3/8/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	