

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90013 030 ****61.25

DOCUMENT # N29982 1. Entity Name CASA DEL LAGO HOMEOWNERS' ASSOCIATION OF LUTZ, INC.					
Principal Place of Business 1022 LAKE COOPER DR. LUTZ, FL 33548 US			Mailing Address 1022 LAKE COOPER DR. LUTZ, FL 33548 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.:		3. Mailing Address Suite, Apt. #, etc.:			
City & State		City & State			
Zip	Country	Zip	4. FEI Number 59-2925602		Applied For Not Applicable
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MURMAN, STEVE 1022 LAKE COOPER DR. LUTZ, FL 33548			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD WILLIAMS, AL 1003 LAKE COOPER DR LUTZ, FL 33548 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD Scott S. Harris 18803 Misty Shores Lane Lutz, Florida 33548 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD PRUE, AMY 1003 LAKE COOPER DR. LUTZ, FL 33548 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD Montgomery Murray 18803 Cypress Shores Drive Lutz, Florida 33548 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD MURMAN, STEVE 1013 LAKE COOPER DR. LUTZ, FL 33548 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD Nancy Miller 18802 Cypress Shores Drive Lutz, FL 33548 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Scott S. Harris 4/10/08 (813)288-0055 Date Daytime Phone #		