2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# N36321

Entity Name: CASA COLA LANDING HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

280 REDFISH CREEK DRIVE
SAINT AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4001
ST AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 59-3028752 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILSTEAD, JUDEANN
280 REDFISH CREEK DRIVE
SAINT AUGUSTINE, FL 32095 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	( ) Delete
Name:	PAGE, PAMELA S	
Address:	244 REDFISH CREEK DR	
City-St-Zip:	SAINT AUGUSTINE, FL 32095	
Title:	VD	( ) Delete
Name:	WASSON, JONATHAN	
Address:	272 REDFISH CREEK DR	
City-St-Zip:	SAINT AUGUSTINE, FL 32095	
Title:	STD	( ) Delete
Name:	MILSTEAD, JUDEANN	
Address:	280 REDFISH CREEK DR	
City-St-Zip:	SAINT AUGUSTINE, FL 32095	
Title:	D	( ) Delete
Name:	SPAULDING, DIANA	
Address:	256 REDFISH CREEK DR	
City-St-Zip:	SAINT AUGUSTINE, FL 32095	
Title:	M	( ) Delete
Name:	FAVER, CARRIE	
Address:	245 REDFISH CREEK DRIVE	
City-St-Zip:	SAINT AUGUSTINE, FL 32095	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUDEANN MILSTEAD STD 04/24/2006

Electronic Signature of Signing Officer or Director — Date