


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90013 014 ****61.25

DOCUMENT # N41474 1. Entity Name CASA GRANDE HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business CASA GRANDE SUBDIVISION 4447 CASA GRANDE DR. MILTON, FL 32583 US	Mailing Address PO BOX 4507 MILTON, FL 32583 US
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LAMBETH, STEPHEN 4447 CASA GRANDE DR. MILTON, FL 32583	DO NOT WRITE IN THIS SPACE
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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.

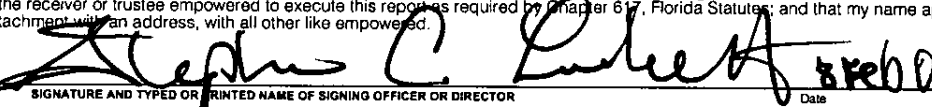
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POWELL TIM 7371 SAN RAMON MILTON, FL 32583 <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARTER, WILLIAM 3487 CASA GRANDW DR. MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAMBETH, STPHEN 4387 CAS GRANDE DR. MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUVALL, CLEUDE 7517 CAS GRANDE CIR. MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRON, JERRY 7425 SAN RAMON DRIVE MILTON, FL 32583 <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P steve Sessions 7370 San Ramon, Milton

DO NOT WRITE
IN THIS SPACE

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: Feb 08 850 981-0897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR