


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90090 026 ****61.25

DOCUMENT # N45964 1. Entity Name CASABLANCA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 870 PINELLAS BAY WAY TIERRA VERDE FL 33715				Mailing Address 870 PINELLAS BAY WAY TIERRA VERDE FL 33715	
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	Country		
4. FEI Number 59-3115386				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FABRIZI, RICHARD 11281 43RD ST N CLEARWATER FL 34622				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TD FABRIZI, RICHARD 11281 43RD ST N CLEARWATER FL 870 PINELLAS BAYWAY TIERRA VERDE FL 33715	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	D CUETO, OLGA 880 PINELLAS BAY WAY TIERRA VERDE FL 33715	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	SD EVANS, LYNN 890 PINELLAS BAY WAY TIERRA VERDE FL 33715	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	PD EVANS, JOE 890 PINELLAS BAY WAY TIERRA VERDE FL 33715	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Richard J. Fabrizio</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					