


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90080 015 ****61.25

DOCUMENT # N93000003859					
1. Entity Name LA CASA AMOROSA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 97 NIEMIRA AVE. N. INDIALANTIC, FL 32903			Mailing Address P.O. BOX 33411 INDIALNATIC, FL 32903-0411		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>C/O TONY ZIZZO</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>3502 HAWKE DR</i>			
City & State		City & State <i>MELBOURNE FL</i>			
Zip	Country	Zip <i>32935</i>	Country	4. FEI Number 59-3366207	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZIZZO, TONY 3502 HAWKE DRIVE MELBOURNE, FL 32935			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 reinstating.)</small>					
Filing 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 SD	NAME WHITCOMB, JULIA <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 97 NIEMIRA AVE, UNIT E	CITY-ST-ZIP INDIALANTIC, FL 32903		STREET ADDRESS	CITY-ST-ZIP	
TITLE PD	NAME ZIZZO, TONY <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3502 HAWK DRIVE	CITY-ST-ZIP MELBOURNE, FL 32935		STREET ADDRESS	CITY-ST-ZIP	
TITLE TD	NAME SPINAZZOLA, MARY <input checked="" type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 97 NIEMIRA AVE, UNIT B	CITY-ST-ZIP INDIALANTIC, FL 32903		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME MAYCOCK, JOHN <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 97 NIEMIRA AVE, UNIT D	CITY-ST-ZIP INDIALANTIC, FL 32903		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
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 <i>2/21/07</i> Daytime Phone #		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					