
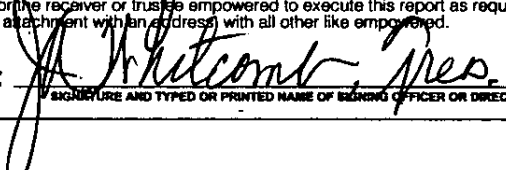


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000003859		
1. Entity Name LA CASA AMOROSA HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 97 NIEMIRA AVE. N. INDIALANTIC, FL 32903	Mailing Address C/O TONY ZIZZO 3502 HAWKE DR. MELBOURNE, FL 32935	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ZIZZO, TONY 3502 HAWKE DRIVE MELBOURNE, FL 32935		DO NOT WRITE IN THIS SPACE
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> 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	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITCOMB, JULIA 97 NIEMIRA AVE, UNIT E INDIALANTIC, FL 32903	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZIZZO, TONY 3502 HAWK DRIVE MELBOURNE, FL 32935	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYCOCK, JOHN 97 NIEMIRA AVE, UNIT D INDIALANTIC, FL 32903	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-24-08-321-768-6221 <small>Date Daytime Phone #</small>



01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3366207	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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01/31/08-80014-001 61.25