

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

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000000161

1. Entity Name
CASA DEL MAR SUBDIVISION ASSOCIATION, INC.



Principal Place of Business
**2224 SAILFISH DR.
ST. GEORGE ISLAND, FL 32328**

Mailing Address
**2224 SAILFISH DR.
ST. GEORGE ISLAND, FL 32328**

DO NOT WRITE IN THIS SPACE



01312008 No Chg-NP CR2E037 (4/06)

4. FEI Number
75-2520502

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOSSBURG, JACQUELINE
2224 SAILFISH DR.
ST. GEORGE ISLAND, FL 32328**

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
MOSSBURG, JACQUELINE
2224 SAILFISH DR.
ST. GEORGE ISLAND, FL 32328**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
GRINER, DARRELL
28 FIRST AVENUE S.E.
MOULTRIE, GA 31768**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
HUTCHINSON, DAVID
P.O. BOX 644
EASTPOINT, FL 32328**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000813292
02/12/08-80083-014 61.25

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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: Jacqueline Mossburg (Jacqueline Mossburg)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-08
Date

(850) 927-3590
Daytime Phone #