FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N94000005232 (3)

CASA RIO HOMEOWNERS' SUB-ASSOCIATION, INC.

Principal Place of Business Mailing Address						1	ANN ADULT AREDS RIVED VIDEO	IIIII IIEI IOO
4152 W BLUE I SUITE 116 RIVIERA BEACH		4152 W BLUE HE SUITE 116 RIVIERA BEACH						
HIVIERA DENOI	112 00101	Infilm DEGOT	THE SECOND TO SOLVE TOWN			3. Date Incorporated or Qualified 10/21/1994	3a. Date of Last 6 05/01/19	
2. Principal Place of Business 2a. Mailing Addre			ess			4. FEI Number	05 0504700	
Suite, Apt.	# ala	26 Suite, Apt. #	ete			03-0331700		ot Applicable
22 Suite, Apr.	₩, θIC.	27 Suite, Apt. #	, etc.			5. Certificate of Status Desired		Additional equired
City & Stat	e Table	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Col	untry		8. This corporation has liability for i		s. 199.032.
24	25	29	30				Yes No	·
	9. Name and Address of Curr	ent Registered Agent		1		10. Name and Address of New Re	gistered Agent	
				81	Name			
	ENDANZ, GERHARD H		82 Street Ac		Street Ad	ldress (P.O. Box Number is Not Acceptab	le)	
4152 W BLUE HERON BLVD SUITE 116				83				
	BEACH FL 33404-7							
HIVETON	DEACH LE 22404-1			84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508, Flori	da Statutes, the a	above	named co	orporation submits this statement for the p	urpose of changing	its registered
office or i	registered agent, or both, in the Sta im familiar with, and accept the obt	ite of Florida. Such char ligations of, Section 617	nge was authorize .0503. Florida Sta	ed by	the corpor	ration's board of directors. I hereby accep	at the appointment as	s registered
SIGNATURE		ganono on poenen on	, , , , , , , , , , , , , , , , , , , ,					
BIGHATORE	Signature, typed or printed name of registered				t signature rec	quired when reinstating)	DATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		
TITLE	VTD	i X ₽		TITLE			☐ Change	☐ Addition
NAME	HARRIS, ROBERT			NAME				
STREET ADDRESS	3049 CASA RIO COURT	00400	E		ADDRESS (
CITY-ST-ZIP	PALM BEACH GARDENS FI			CITY-ST	- ZIP		, T A	4.494
TITLE	S/D	רין ני		TITLE			☐ Change	Addition
NAME	GREGORY, MARSHA	VD OUTC 440		NAME				
STREET ADDRESS	%4152 W BLUE HERON BL	VU, SUITE THE	The state of the s		ADDRESS	:		
CITY-ST-ZIP	RIVIERA BEACH FL 33404			CITY-S	I-ZIP		Change	Addition
TITLE NAME	P/D Casas, Susan	υu		TITLE NAME			€ Change	LLI AGGILION
STREET ADDRESS	%4152 W BLUE HERON BL	VD SHITE 116			(DODECC			
	RIMERA BEACH FL 33404	.TD, OURL 110	1		ADDRESS .			
CITY-ST-ZIP TITLE	HITIERS DENOTE I C 00404	Пп		CITY-S		VTD	Change	Addition
NAME				NAME	۔ ا			
STREET ADDRESS					ADDRESS L	Diana Walter 1152 W Blue Heron Bl Eiviera Beach FL 33	vd #116	
CITY-ST-ZIP			<u> </u>	CITY-ST	ZIP I	Wiera Benal FI 33	404	
TITLE		i 🔲		IIILE		TITLE CONTRACTOR	Change	☐ Addition
NAME			5.21	NAME			-	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				CITY-S1				
TITLE				TITLE			☐ Change	Addition
NAME	Į.		6.21	NAME	Į			
STREET ADDRESS			6.3 5	STREET	ADDRESS			
	1							

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

FILED

May 20 1997 8:00am

Secretary of State