

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005232

1. Entity Name

CASA RIO HOMEOWNERS' SUB-ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~9115 CONTEGO LANE~~
~~PALM BEACH GARDENS FL 33418~~
~~US~~

5080 PONDEROSA LANE
~~WEST PALM BEACH FL 33415-7245~~
~~US~~

2. Principal Place of Business

3. Mailing Address

3021 Casa Rio Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Palm Beach Gardens, FL

Zip

Country

Zip
~~33418~~ 33418 USA

4. FEI Number

65-0561700

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LITTLEJOHN, BLAIR
5080 PONDEROSA LANE
WEST PALM BEACH FL 33415

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME SORCE, CHARLES ☒ Delete
STREET ADDRESS ~~9115 CONTEGO LANE~~
CITY-ST-ZIP ~~PALM BCH GARDENS FL 33418~~

TITLE DPS
NAME POPHAM, GEORGINA J. ☐ Change ☒ Addition
STREET ADDRESS 3021 Casa Rio Ct
CITY-ST-ZIP Palm Beach Gardens, FL 33418

TITLE D
NAME WOYTON, FRED ☒ Delete
STREET ADDRESS 3045 CASA RIO CT
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE DVP
NAME Fava, Angelo ☐ Change ☒ Addition
STREET ADDRESS 3073 Casa Rio Ct.
CITY-ST-ZIP Palm Beach Gardens, FL 33418

TITLE DT
NAME MCSWAIN, BROCK ☐ Delete
STREET ADDRESS 3084 CASH RIO CT
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I 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 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:

Georgina J. Popham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-00 (561)471-3520

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE