

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005232

FILED  
Mar 24, 2006  
Secretary of State

Entity Name: CASA RIO HOMEOWNERS' SUB-ASSOCIATION, INC.

**Current Principal Place of Business:**

5646 CORPORATE WAY  
WEST PALM BEACH, FL 33407 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O THE GENERAL LEDGER  
5646 CORPORATE WAY  
WEST PALM BEACH, FL 33407 US

**New Mailing Address:**

FEI Number: 65-0531700      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCSWAIN, BROCK  
3084 CASA RIO CT  
WEST PALM BEACH, FL 33418 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: MCSWAIN, BROCK  
Address: 3084 CASA RIO CT  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DP ( ) Delete  
Name: CANNEZZARO, JOSEPH  
Address: 3009 CASA RIO CT.  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DVP ( ) Delete  
Name: WOYTON, FRED  
Address: 3045 CASA RIO CT  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DS ( ) Delete  
Name: RAZZANO, ANTHONY  
Address: 3087 CASA RIO CT.  
City-St-Zip: PALM BEACH GARDENS, FL 33418

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: SABELLA, CHRISTINE  
Address: 3085 CASA RIO CT  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DVP (X) Change ( ) Addition  
Name: RAZZANO, ANTHONY  
Address: 3087 CASA RIO CT.  
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BROCK MCSWAIN

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03/24/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date