



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90022 005 \*\*\*\*61.25

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # N94000005949</b><br>1. Entity Name<br><b>CASEY LAKE MANORS HOMEOWNER'S ASSOCIATION, INC.</b>   |   |  |   |    |  |
| Principal Place of Business<br><b>4315 ROUND LAKE COURT<br/>TAMPA FL 33618<br/>US</b>  |   |  | Mailing Address<br><b>4315 ROUND LAKE COURT<br/>TAMPA FL 33618<br/>US</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |   | <br><br>1st MOORE      CR2E037 (10/07)                               |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |   |  |
| City & State   |   | City & State   |   |   |  |
| Zip  | Country   | Zip  | Country   | 4. FEI Number <b>59-3282195</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>BALDWIN, DENNIS<br/>4315 ROUND LAKE CT<br/>TAMPA FL 33618</b>   |   |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.  |   |  |   |   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent (and field applicable). (NOTE: Registered Agent signature required when reinstating). DATE</small>  |   |  |   |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2008</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make Check Payable to:<br/>Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>              |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>BALDWIN, DENNIS<br>4315 ROUND LAKE COURT<br>TAMPA FL 33618      | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>WELLS, JOHNNY<br>4302 ROUND LAKE COURT<br>TAMPA FL 33618        | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>HUROV, LORNE<br>4404 CASEY LAKE BLVD<br>TAMPA FL 33618         | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | VP<br>JENNIFER LINDA<br>4402 ROUND LAKE CT.<br>TAMPA, FL 33618<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SEC<br>STONECYPHER, SANDRA<br>4311 ROUND LAKE COURT<br>TAMPA FL 33618 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | MEMBER AT LARGE<br>SIM GILLEN<br>4309 ROUND LAKE CT.<br>TAMPA, FL 33618<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. |   |  |   |   |  |
| <b>SIGNATURE:</b> <i>Sandra Stonecypher, HBA Secy</i> 2-1-08 (813) 286-1170 K304   |   |  |   |   |  |