

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000000255

1. Entity Name
CASA LA BRISA HOMEOWNERS ASSOCIATION, INC



Principal Place of Business
**51A SEABREEZE AVE
DELRAY BEACH, FL 33483 US**

Mailing Address
**51A SEABREEZE AVE
DELRAY BEACH, FL 33483 US**



01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0730553** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PAZ, NAPOLEON
51 SEABREEZE AVE
DELRAY BEACH, FL 33483**

**DO NOT WRITE
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 reappointing)

11000000255489

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

02/15/05-80002-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PAZ, NAPOLEON
STREET ADDRESS	51 SEABREEZE AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	D
NAME	RINALDI, JOHN
STREET ADDRESS	59 SEABREEZE AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	D
NAME	OTT, WILLIAM
STREET ADDRESS	57 SEABREEZE AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	D
NAME	MACCUTCHSON, JAMES
STREET ADDRESS	55 SEA BREEZE AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	D
NAME	DENIRO, LINDA
STREET ADDRESS	53 SEABREEZE AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/05 (561) 272-9562