

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90019 008 ****61.25

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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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202006 Chg-NP CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

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

Name **WILLIAM V. OTT**

Street Address (P.O. Box Number is Not Acceptable)

51A SEABREEZE AVE.

City **DELRAY BEACH**

FL Zip Code **33483**

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

William V. Ott (William V. Ott)

2/20/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **PAZ, NAPOLEON**
STREET ADDRESS **51 SEABREEZE AVE**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE **D** ☐ Delete
NAME **RINALDI, JOHN**
STREET ADDRESS **59 SEABREEZE AVE**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE **D** ☐ Delete
NAME **OTT, WILLIAM**
STREET ADDRESS **57 SEABREEZE AVE**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE **D** ☐ Delete
NAME **MACCUTCHSON, JAMES**
STREET ADDRESS **55 SEA BREEZE AVE**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE **D** ☐ Delete
NAME **DENIRO, LINDA**
STREET ADDRESS **53 SEABREEZE AVE**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

William V. Ott

2/20/06

(561)272-9562

WILLIAM V. OTT, DIRECTOR

DATE

PHONE