

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000255

FILED  
Mar 06, 2009  
Secretary of State

Entity Name: CASA LA BRISA HOMEOWNERS ASSOCIATION, INC

## Current Principal Place of Business:

51A SEABREEZE AVE  
DELRAY BEACH, FL 33483 US

## New Principal Place of Business:

## Current Mailing Address:

51A SEABREEZE AVE  
DELRAY BEACH, FL 33483 US

## New Mailing Address:

FEI Number: 65-0730553

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OTT, WILLIAM V  
51 A SEABREEZE AVE  
DELRAY BEACH, FL 33483 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: D ( ) Delete  
Name: RINALDI, JOHN  
Address: 59 SEABREEZE AVE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: DP ( ) Delete  
Name: OTT, WILLIAM  
Address: 57 SEABREEZE AVE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D ( ) Delete  
Name: MACCUTCHSON, JAMES  
Address: 55 SEA BREEZE AVE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D ( ) Delete  
Name: DENIRO, LINDA  
Address: 53 SEABREEZE AVE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D ( ) Delete  
Name: AKER, ANN  
Address: 51 SEABREEZE AVE.  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D (X) Delete  
Name: SINGLETON, DOLORES  
Address: 53 SEABREEZE AVE  
City-St-Zip: DELRAY BEACH, FL 33483

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: MACCUTCHEON, JAMES  
Address: 55 SEA BREEZE AVE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D (X) Change ( ) Addition  
Name: SINGLETON, DOLORES  
Address: 53 SEABREEZE AVE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D (X) Change ( ) Addition  
Name: MULLARKEY, STEVE  
Address: 51 SEABREEZE AVE.  
City-St-Zip: DELRAY BEACH, FL 33483

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

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM V. OTT

PRES

03/06/2009

Electronic Signature of Signing Officer or Director

Date