2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000006517

1. Entity Name
CASA MARINA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2572 CAYENNE LN SHALIMAR, FL 32579	2572 CAYENNE LN SHALIMAR, FL 32579

02212005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3426551

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAHLUM, HULDA
2572 CAYENNE LN
SHALIMAR, FL 32579

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, type or printed name of registered agent and title if applicable. PRINT: Registered Agent signature required when reinstating. DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAHLUM, HULDA
STREET ADDRESS	2572 CAYENNE LN
CITY-ST-ZIP	SHALIMART, FL 32579
TITLE	VD
NAME	POPE, JUDY
STREET ADDRESS	2573 CAYENNE LN
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	STD
NAME	STRAUSS, MARIJO
STREET ADDRESS	2570 CAYENNE LANE
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UUUUUU242357
02/24/05-80085-002 61.25

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: Marijo Strauss Secretary 2/15/05 850-6515743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARIJO STRAUSS