


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000006517	
1. Entity Name CASA MARINA HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 2572 CAYENNE LN SHALIMAR, FL 32579	Mailing Address 2572 CAYENNE LN SHALIMAR, FL 32579
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04272006 No Chg-NP CR2E037 (4/06)

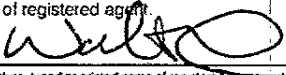
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3426551	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
MAHLUM, HULDA 2572 CAYENNE LN SHALIMAR, FL 32579	

**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 	DATE

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


9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAHLUM, HULDA 2572 CAYENNE LN SHALIMAR, FL 32579	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POPE, JUDY 2573 CAYENNE LN SHALIMAR, FL 32579	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STRAUSS, MARJO 2570 CAYENNE LANE SHALIMAR, FL 32579	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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05/13/06-80057-005 61.25

**DO NOT WRITE
IN THIS SPACE**

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.	
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SIGNATURE: 	DATE	Daytime Phone #
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