


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 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 PO BOX 1032 SHALIMAR, FL 32579
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DO NOT WRITE IN THIS SPACE



01122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3426551	Applied For <input type="checkbox"/> 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
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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 <u><i>Hulda E Mahlum</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>1/15/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U000000791434 01/23/08-80074-011 61.25

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 CLEMENTS, JAN 120 REDITH CT FORT WALTON BEACH, FL 32547
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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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.	
SIGNATURE: <u><i>Hulda E Mahlum</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>1/15/08</u> <small>Daytime Phone #</small>