

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000010290

**Entity Name:** CASAS ANDALUZAS HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 30, 2015**  
**Secretary of State**  
**CC6921747069**

**Current Principal Place of Business:**

500 SOUTH DIXIE HIGHWAY  
SUITE 307  
CORAL GABLES, FL 33146

**Current Mailing Address:**

500 SOUTH DIXIE HIGHWAY  
SUITE 307  
CORAL GABLES, FL 33146 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SKINNER, TRUMAN A  
500 SOUTH DIXIE HIGHWAY  
SUITE 307  
CORAL GABLES, FL 33146 US

*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

**Officer/Director Detail :**

Title            D/S  
Name            LUCAS, SAMANTHA  
Address        500 SOUTH DIXIE HIGHWAY, SUITE  
                  307  
City-State-Zip: CORAL GABLES FL 33146

Title            D/VP  
Name            MCBRIDE, BRIAN A  
Address        500 SOUTH DIXIE HIGHWAY, SUITE  
                  307  
City-State-Zip: CORAL GABLES FL 33146

Title            D/P  
Name            SKINNER, TRUMAN A  
Address        500 SOUTH DIXIE HIGHWAY, SUITE  
                  307  
City-State-Zip: CORAL GABLES FL 33146

*I hereby 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 all other like empowered.*

**SIGNATURE: BRIAN A. MCBRIDE**

**VICE PRESIDENT**

**03/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date