


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90173 019 \*\*\*\*61.25

|  |                                 |  |  |  |  |
|--|---------------------------------|--|--|--|--|
| <b>DOCUMENT # 736168</b><br>1. Entity Name<br>LA CASA DE LAKE WALES ASSOCIATION, INC.  |                                 |  |  |   |  |
| Principal Place of Business<br>10 LA CASA<br>LAKE WALES, FL 33898 US   |                                 |  | Mailing Address<br>10 LA CASA<br>LAKE WALES, FL 33898 US |  |  |
| 2. Principal Place of Business - No P.O. Box #   |                                 | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.  |                                 | Suite, Apt. #, etc.  |  |  |  |
| City & State   |                                 | City & State   |  | 4. FEI Number<br>59-1844680  |  |
| Zip  |                                 | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                          |  |
| 6. Name and Address of Current Registered Agent  |                                 |  |  | 7. Name and Address of New Registered Agent  |  |
| MARTIN, CHERYL M CPA<br>19200 HWY 27<br>LAKE WALES, FL 33853-2451  |                                 |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                                 |  |  |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>  |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be Added to Fees   |  |
| <b>Make check payable to Florida Department of State</b>   |                                 |  |  |  |  |
| 10. OFFICERS AND DIRECTORS   |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    |  |  |
| TITLE  | PD                              | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | COKER, ROBERT L                 |  | NAME   |  |  |
| STREET ADDRESS   | 232 LA CASA                     |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | LAKE WALES, FL 33898            |  | CITY-ST-ZIP  |  |  |
| TITLE  | TD                              | <input checked="" type="checkbox"/> Delete                                       | TITLE  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| NAME   | HOLLOWELL, ROGER                |  | NAME   | TD<br>MERCER, GARY   |  |
| STREET ADDRESS   | 104 LA CASA                     |  | STREET ADDRESS   | 226 LA CASA  |  |
| CITY-ST-ZIP  | LAKE WALES, FL 33898            |  | CITY-ST-ZIP  | LAKE WALES FL 33898  |  |
| TITLE  | SD                              | <input checked="" type="checkbox"/> Delete                                       | TITLE  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| NAME   | CARNAHAN, WAYNE                 |  | NAME   | SD<br>COYNE, SUSAN   |  |
| STREET ADDRESS   | 216 LA CASA                     |  | STREET ADDRESS   | 153 LA CASA  |  |
| CITY-ST-ZIP  | LAKE WALES, FL 33898            |  | CITY-ST-ZIP  | LAKE WALES FL 33898  |  |
| TITLE  | VD                              | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | RACZYNSKI, KEN                  |  | NAME   |  |  |
| STREET ADDRESS   | 228 LA CASA                     |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | LAKE WALES, FL 33898            |  | CITY-ST-ZIP  |  |  |
| TITLE  | VD                              | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | SCHWARZE, JOHN                  |  | NAME   |  |  |
| STREET ADDRESS   | 220 LA CASA                     |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | LAKE WALES, FL 33898            |  | CITY-ST-ZIP  |  |  |
| TITLE  | <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   |                                 |  | NAME   |  |  |
| STREET ADDRESS   |                                 |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  |                                 |  | CITY-ST-ZIP  |  |  |
| 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. |                                 |  |  |  |  |
| <b>SIGNATURE:</b> <u>Robert L. Coker Pres</u> <span style="float: right;">4-16-2007</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |                                 |  |  |  |  |

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01052007 Chg-NP CR2E037 (12/06)