

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90969 008 ****61.25

DOCUMENT # N93000000296

1. Entity Name

HOMEOWNERS ASSOCIATION OF LA CASA, INC.



Principal Place of Business

**300 EL PRADO
NORTH PORT FL 34287**

Mailing Address

**300 EL PRADO
NORTH PORT FL 34287**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0376522**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KORP, WILLIAM R
333 S TAMiami TR
STE 199
VENICE FL 34285**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW! FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete
NAME **CASSIDY, MARTHA**
STREET ADDRESS **662 EL TANGO**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **VD** ☐ Change ☒ Addition
NAME **John R. Flickinger**
STREET ADDRESS **447 Loma Linda**
CITY-ST-ZIP **North Port FL 34287**

TITLE **SD** ☒ Delete
NAME **O'BRIEN, JOLENE**
STREET ADDRESS **674 ALVARDO**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **SD** ☐ Change ☒ Addition
NAME **David Oman**
STREET ADDRESS **201 El Prado**
CITY-ST-ZIP **North Port FL 34287**

TITLE **D** ☐ Delete
NAME **WALLACE, SCHLEEHAUF**
STREET ADDRESS **650 LA SALA**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **JACKMAN, DONNA**
STREET ADDRESS **213 VISTORIA**
CITY-ST-ZIP **NORTH PORT FL 39287**

TITLE **D** ☐ Change ☒ Addition
NAME **Walter Lindaman**
STREET ADDRESS **600 La Sala**
CITY-ST-ZIP **North Port, FL 34287**

TITLE **PD** ☒ Delete
NAME **FRASER, RONALD A**
STREET ADDRESS **238 VISTORIA**
CITY-ST-ZIP **NORTH PORT FL**

TITLE **PD** ☐ Change ☒ Addition
NAME **John E. Sargent**
STREET ADDRESS **406 Bravado**
CITY-ST-ZIP **North Port FL 34287**

TITLE **TD** ☐ Delete
NAME **BARBER, VICTOR**
STREET ADDRESS **518 MADONNA**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Wallace Schleeauf **Wallace Schleeauf** 2/27/03 (941) 426-0663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)