

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725377

FILED
Mar 26, 2009
Secretary of State

Entity Name: LAS CASAS ASSOCIATION, INC.

Current Principal Place of Business:

7209 LAS CASAS DR.
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

PO BOX 722
TALLEVAST, FL 34270 US

New Mailing Address:

FEI Number: 59-1568553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCHUGH, NOREEN A
414 WHITFIELD AVENUE
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: PHILLIPS, MARY A
Address: 7207 WILLOW ST
City-St-Zip: SARASOTA, FL 34243

Title: P () Delete
Name: MCHUGH, NOREEN A
Address: 414 WHITFIELD AVE
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: WERNER, CAROLYN
Address: 7228 LAS CASAS DR
City-St-Zip: SARASOTA, FL 34243

Title: S () Delete
Name: COOKE, PAULA
Address: 7206 LAS CASAS DR
City-St-Zip: SARASOTA, FL 34243

Title: V () Delete
Name: WOODROOF, PHYLLIS
Address: 7237 LAS CASAS DR
City-St-Zip: SARASOTA, FL 34243

Title: S () Delete
Name: FIELDS, DEBORAH
Address: 7233 LAS CASAS DR
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY A. PHILLIPS

T

03/26/2009

Electronic Signature of Signing Officer or Director

Date