

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90043 037 \*\*\*\*61.25

<b>DOCUMENT # 750907</b> 1. Entity Name <b>LA CASA BOATING AND FISHING CLUB, INC.</b>					
Principal Place of Business <b>400 TARDE LOGO CIRCLE</b> <b>NORTH PORT, FL 34287</b> <b>US</b>			Mailing Address <b>400 TARDE LOGO CIRCLE</b> <b>NORTH PORT, FL 34287</b> <b>US</b>		
2. Principal Place of Business <b>644 Los Altos</b> Suite, Apt. #, etc.		3. Mailing Address <b>644 Los Altos</b> Suite, Apt. #, etc.			
City & State <b>North Port, FL</b>		City & State <b>North Port, FL</b>		4. FEI Number <b>59-1989438</b>	
Zip <b>34287</b>		Country <b>U.B.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JOYCE SCHOONMAKER</b> <b>400 TARDE LOGO CIRCLEJ</b> <b>NORTH PORT, FL 34287</b>			7. Name and Address of New Registered Agent Name <b>Larry Morris</b> Street Address (P.O. Box Number is Not Acceptable) <b>644 Los Altos</b> City <b>North Port</b> <b>FL</b> Zip Code <b>34287</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEGENER, LUANN 653 LASALA NORTH PORT, FL 34287 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joyce Schoonmaker 400 Tarde Logo, North Port, FL 34287	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, RONALD 403 VIVAR STREET NORTH PORT, FL 34287 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Barbara Calnan 506 Alverado, North Port FL 34287	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RITA, SARGENT 406 BRAVADO N. PORT, FL 34287 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Stanley Quink 482 Loma Linda, North Port, FL 34287	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHOONMAKER, JOYCE 400 TARDE LOGO CIRCLE NORTH PORT, FL 34287 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Larry Morris 644 Los Altos North Port, FL 34287	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STEFAN, ANDY 653 ALVARADO NORTH PORT, FL 34287 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Syc Hummer 657 Buenos North Port FL 34287	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CROMBACK, GEORGE 423 BRAVADO NORTH PORT, FL 34287 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ken Hutchinson 740 Blanca North Port, FL 34287	
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.					
<b>SIGNATURE:</b> <u>Larry Morris</u> <b>LARRY MORRIS</b> <b>1/8/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					