2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# 750907

Entity Name: LA CASA BOATING AND FISHING CLUB, INC.

Current Principal Place of Business:

644 LOS ALTOS
NORTH PORT, FL 34287 US

New Principal Place of Business:

Current Mailing Address:

644 LOS ALTOS
NORTH PORT, FL 34287 US

New Mailing Address:

FEI Number: 59-1989438 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRIS, LARRY
644 LOS ALTOS
NORTH PORT, FL 34287 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:	D	( ) Delete
Name:	SCHOONMAKER, JOYCE	
Address:	400 TARDE LOGO	
City-St-Zip:	NORTH PORT, FL 34287	
Title:	D	( ) Delete
Name:	CALNAN, BARBARA	
Address:	506 ALVERADO	
City-St-Zip:	NORTH PORT, FL 34287	
Title:	D	( ) Delete
Name:	RITA, SARGENT	
Address:	406 BRAVADO	
City-St-Zip:	N. PORT, FL 34287	
Title:	TD	( ) Delete
Name:	MORRIS, LARRY	
Address:	644 LOS ALTOS	
City-St-Zip:	NORTH PORT, FL 34287	
Title:	CD	( ) Delete
Name:	HUTCHINSON, KEN	
Address:	740 BLANCA	
City-St-Zip:	NORTH PORT, FL 34287	
Title:	SD	( ) Delete
Name:	CROMBACK, GEORGE	
Address:	423 BRAVADO	
City-St-Zip:	NORTH PORT, FL 34287	

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
Name:	
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 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: LARRY MORRIS TD 01/05/2006

Electronic Signature of Signing Officer or Director — Date