## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

SIGNATURE:

766169

(7)

## FILED Feb 16 1998 8:00am Secretary of State

LAS CASITAS HOMEOWNERS' ASSOCIATION, INC.														
Principal Place of Business Mailing Address													idii dia	ill Billil imbt
5295 TOWN CENTER RD #200 5295 TOWN CEN BOCA RATON FL 33486 BOCA RATON F							0			3. Date incorporated or Qualified 12/16/1982			·	<del> </del>
										4. FEI Number		······T	Apr	plied For
										59-2244201				t Applicable
2. Pr	Principal Place of Business			2a.	2a. Mailing Address 26					5. Certificate of Status Desired				dditional quired
	Suite, Apt. #, etc.				Suite, Apt. #, etc.					6. Election Campaign Financing				lay Be
22				27	<u> </u>					Trust Fund Contribution	<u> </u>	Add	led to	Fees
City & State			ļ <u></u>	City & State					7. Is this nonprofit corporation a hor			iation	i?	
23	Zip Country			28	Zip Country					<del></del>		□ No		
24	25		<b>—</b>	20	29 30		<b>-</b>	Country		This corporation owes or has pale     Personal Property Tax due June 3		rrent yes		ingible No
<del></del>		9. Name	and Address of Curr		tered Agent	190	<u>'1</u>			10. Name and Address of New Reg				
							81	T	Name					
ISAACSON, WILLIAM K.								2	Street Addre	treet Address (P.O. Box Number is Not Acceptable)				
C/O LANG MANAGEMENT CO., INC. 5295 TOWN CENTER RD #200							8:	<u>.</u>						
'	DUCA RA	TON FL 3	13400				84	4	City		FL	65	Zip C	ode
11. F	Pursuant to	the provis gistered ag	ions of Sections 617.0 ent, or both, in the Sta th, and accept the obl	502 and 6 ite of Florid	17.1508, Florida Sta da. Such change wo f. Section 617.0503.	atutes, as autr	the abor- norized b	VO-	named corpo he corporation	oration submits this statement for the pu on's board of directors. I hereby accept		of changi pointmer	ing its	registered registered
į.	IATURE					,								
	S	ignalure, typed	or printed name of registered of			NOTE: Re		gent	signature require	d when reinstating)	DATE	5 5 5 5 5 5		0.01.40
12.	r	\000	OFFICERS A	ND DIREC	DELETE		13.		<del></del>	ADDITIONS/CHANGES TO OFFICE	≟RS AN	D DIREC		S IN 12 Addition
TITLE	VPD		ALIE OTTO		LJ VELETE		1.1 TITLE 1.2 NAME						нро	MOCKION
	ADORESS		(AUF, OTTO STA DEL PRADO				1.3 STREI		nnncee					
			BCH FL				1.4 CITY-							
TITLE	,,- <u>z</u> ,,	S	T DOTT TE		☐ DELETE		2.1 TITLE		<u></u>			Cha	inge	Addition
NAME	ME SEITS,		MARILYN				2.2 NAME							
STREET	REET ADDRESS 2224 L		S CASITAS DR				2.3 STREE	ET A	DORESS					
CITY-S	-ST-ZIP W PALI		BCH FL				2. 4 CITY -		- <b>7</b> 1P					
TITLE	į	PD			☐ DELETE		3.1 TITLE					☐ Cha	ınge	☐ Addition
NAME		DALY, R					3.2 NAME							
l	ADDRESS		STA DEL PRADO				3.3 STRE							
CITY-S	ST-ZIP	D PALM	BCH FL		DELETE		3.4. CITY 4.1 TITLE		- ZIP			☐ Cha	nne	Addition
NAME		_	ICK, MARY E				4.1 IIILE							
	ADDRESS		S BRISAS CT				4.3 STREE		DORESS		-			
CITY-S			ALM BEACH FL				4.4 CITY-							
TITLE				5.1 TITLE					Cha	inge	Addition			
NAME		BACHTE	L, EILEEN				5.2 NAME	:						
STREET	ADDRESS	2283 LA	S CASITAS DRIVE				5.3 STREE	ET A	DORESS					
CITY-S	ST-ZIP	W. PALI	M BEACH FL				5.4 CITY-	ST-	ZIP					
TITLE		D			DELETE		B.1 TITLE					☐ Cha	nge	Addition
NAME		WEHE,					6.2 NAME							
	ADDRESS		S CASITAS DR				6.3 STREI							
CITY-S	harabu co	WEST P	ALM BEAHC FL	with this !	liting does not qualif	lu for "	6.4 CITY-	ST-	ZIP	Section 119 07(3)(i) Florida Statutos 14	urther o	ertify the	I the	Information
1-7.     0	ndicated o officer or di Block 12 or	on this annuirector of the Block 13 i	al report or supplied in the corporation or the reference of changed, or on an all	ntal annua eceiver or tackment	il report is true and trustee empowered with an address.	accura to exe	ite and to	hat s re	my signature port as requi	Section 119.07(3)(i), Florida Statutes, I fi e shall have the same legal effect as if i ired by Chapter 617, Florida Statutes; a	nade u	nder oati my nam	h; tha e apr	t I am an œars in