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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **766169**

1. Corporation Name
LAS CASITAS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5295 TOWN CENTER RD #200 BOCA RATON FL 33486	5295 TOWN CENTER RD #200 BOCA RATON FL 33486

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/16/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2244201 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ISAACSON, WILLIAM K.
C/O LANG MANAGEMENT CO., INC.
5295 TOWN CENTER RD #200
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	THEURKAUF, OTTO		1.2 NAME	Theurkauf, Otto	
STREET ADDRESS	2433 VISTA DEL PRADO		1.3 STREET ADDRESS	2433 Vista Del Prado	
CITY-ST-ZIP	W PALM BCH FL		1.4 CITY-ST-ZIP	Wellington FL 33414	
TITLE	S	☒ DELETE	2.1 TITLE	President	☐ Change ☒ Addition
NAME	SEITS, MARILYN		2.2 NAME	Soper, Willard	
STREET ADDRESS	2224 LAS CASITAS DR		2.3 STREET ADDRESS	2244 Las Casitas Dr.	
CITY-ST-ZIP	W PALM BCH FL		2.4 CITY-ST-ZIP	Wellington, FL 33414	
TITLE	PD	☐ DELETE	3.1 TITLE	Director	☒ Change ☐ Addition
NAME	DALY, RICHARD		3.2 NAME	Daly, Richard	
STREET ADDRESS	3481 VISTA DEL PRADO		3.3 STREET ADDRESS	3481 Vista Del Prado	
CITY-ST-ZIP	W PALM BCH FL		3.4. CITY-ST-ZIP	Wellington, FL 33414	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CHADWICK, MARY E		4. 2 NAME		
STREET ADDRESS	2259 LAS BRISAS CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	Secretary/Treasurer	☒ Change ☐ Addition
NAME	BACHTEL, EILEEN		5.2 NAME	Bachtel, Eileen	
STREET ADDRESS	2283 LAS CASITAS DRIVE		5.3 STREET ADDRESS	2283 Las Casitas Dr.	
CITY-ST-ZIP	W. PALM BEACH FL		5.4 CITY-ST-ZIP	Wellington, FL 33414	
TITLE	D	☐ DELETE	6.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	WEHE, JEAN		6.2 NAME	Wehe, Jean	
STREET ADDRESS	2307 LAS CASITAS DR		6.3 STREET ADDRESS	2307 Las Casitas Dr.	
CITY-ST-ZIP	WEST PALM BEAHC FL		6.4 CITY-ST-ZIP	Wellington, FL 33414	

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/17/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #