

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90077 003 ****70.00

DOCUMENT # 766169

1. Entity Name

LAS CASITAS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

5295 TOWN CENTER RD #200
 BOCA RATON FL 33486

Mailing Address

5295 TOWN CENTER RD #200
 BOCA RATON FL 33486

2. Principal Place of Business

21045 Commercial Tr.
 Suite, Apt. #, etc.

3. Mailing Address

21045 Commercial Tr.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

59-2244201

Applied For

Not Applicable

Zip

33486-1006 Palm Bch

Zip

33486-1006 Palm Bch

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. 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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	HEBRON, MICHAEL	
STREET ADDRESS	2482 VISTA DEL PRADO	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	P	☐ Delete
NAME	SOPER, WILLARD	
STREET ADDRESS	2224 LAS CASITAS DR	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	☒ Delete
NAME	DALY, RICHARD	
STREET ADDRESS	3481 VISTA DEL PRADO	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	☒ Delete
NAME	CHADWICK, MARY E	
STREET ADDRESS	2259 LAS BRISAS CT	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	ST	☐ Delete
NAME	BACHTEL, EILEEN	
STREET ADDRESS	2283 LAS CASITAS DRIVE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	VP	☐ Delete
NAME	WEHE, JEAN	
STREET ADDRESS	2307 LAS CASITAS DR	
CITY-ST-ZIP	WELLINGTON FL 33414	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	☒ Change ☐ Addition
NAME	MICHAEL HEBRON	
STREET ADDRESS	2482 VISTA DEL PRADO	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	☒ Change ☐ Addition
NAME	JEAN WEHE	
STREET ADDRESS	2307 LAS CASITAS DR	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	TD	☐ Change ☒ Addition
NAME	JANE MCCLAREN	
STREET ADDRESS	2251 LAS BRISAS CT	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	☐ Change ☒ Addition
NAME	ANN-LOUISE BACON	
STREET ADDRESS	2521 VISTA DEL PRADO	
CITY-ST-ZIP	WELLING FL 33414	
TITLE	SD	☐ Change ☐ Addition
NAME	EILEEN BACHTEL	
STREET ADDRESS	2283 LAS CASITAS DRIVE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)