

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90253 003 ****61.25

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02242005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2244201 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # 766169
1. Entity Name
LAS CASITAS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
21045 COMMERCIAL TR.
BOCA RATON, FL 33486-1006

Mailing Address
21045 COMMERCIAL TR.
BOCA RATON, FL 33486-1006

2. Principal Place of Business
410 CMC MANAGEMENT, INC.
Suite, Apt. #, etc.
2994 JOG RD, SUITE B
City & State
GREENACRES, FL
Zip 33467 Country USA

3. Mailing Address
410 CMC MANAGEMENT, INC.
Suite, Apt. #, etc.
2994 JOG RD, SUITE B
City & State
GREENACRES, FL
Zip 33467 Country USA

6. Name and Address of Current Registered Agent
WILLIAM K. ISAACSON,
C/O LANG MANAGEMENT COMPANY, INC.
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486-1006

7. Name and Address of New Registered Agent
Name SCOT A. GERRISH
Street Address (P.O. Box Number is Not Acceptable)
410 CMC MANAGEMENT, INC.
2994 JOG ROAD, SUITE B
City GREENACRES FL Zip 33467

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 *Scot A. Gerrish* DATE April 20, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	POACH, JOSEPH	
STREET ADDRESS	2235 LAS BRISAS CT	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COOK, ANN-LOUISE	
STREET ADDRESS	2521 VISTAL DEL PICADO	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BACHTEL, EILEEN	
STREET ADDRESS	2283 LAS CASITAS DRIVE	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WEHE, JEAN	
STREET ADDRESS	2307 LAS CASITAS DR	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	VALENCIA, ISABEL	
STREET ADDRESS	2482 VISTA DRL PRADO	
CITY-ST-ZIP	WEST PALM BEACH, FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIM MADDEN	
STREET ADDRESS	2303 LAS CASITAS DRIVE	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRIS MAROLD	
STREET ADDRESS	2215 LAS CASITAS DRIVE	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Isabel M. Valencia* DATE 4/22/05 DAYTIME PHONE 334-641-1016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR