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**95 APR 18 PM 10: 28**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Morfham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N31181 (3)**

1. Corporation Name  
**LAS CASAS SOUTH OWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address

**PO BOX 1280 VENICE FL 34284-1280** **PO BOX 1280 VENICE FL 34284-1280**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified **03/14/1989** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0108212** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**MACK, MARY LOU**  
**485 ALBEE FARM RD**  
**VENICE FL 34282**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME **CLARK, WILLIAM D**  
STREET ADDRESS **PO BOX 206 N/A**  
CITY - ST - ZIP **VENICE FL**

TITLE VD  
NAME **MACK, MARI L**  
STREET ADDRESS **485 ALBEE FARM RD**  
CITY - ST - ZIP **VENICE FL**

TITLE SD  
NAME **SHEA, RUTH M**  
STREET ADDRESS **475 S ALBEE FARM RD**  
CITY - ST - ZIP **VENICE FL**

TITLE TD  
NAME **KENNEDY, SHELLY C**  
STREET ADDRESS **409 ALBEE FARM RD**  
CITY - ST - ZIP **VENICE FL**

TITLE D  
NAME **NANCE, JOHN**  
STREET ADDRESS **4813 FLANDERS AVE**  
CITY - ST - ZIP **KENSINGTON MD**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME **P/D**  
1.3 STREET ADDRESS **CLARK, William D.**  
1.4 CITY - ST - ZIP **479 Albee Farm Road Venice, Fl 34292**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  Change  Addition  
3.2 NAME **S/T/D**  
3.3 STREET ADDRESS **KENNEDY, Shelly C.**  
3.4 CITY - ST - ZIP **469 Albee Farm Rd., Venice, FL**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS **(DELETE)**  
4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME **D**  
5.3 STREET ADDRESS **PRICE, Noda V.**  
5.4 CITY - ST - ZIP **19 Edgewood Avenue Hamilton, Ontario L8T 1J8**

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:  **William D. Clark, President** (813) 485-7194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_