

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N31181 (3)**

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



Principal Place of Business: **PO BOX 1280 VENICE FL 34284-1280**  
Mailing Address: **PO BOX 1280 VENICE FL 34284-1280**

3. Date Incorporated or Qualified: **03/14/1989**  
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

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**  
B. 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 34292**

10. Name and Address of New Registered Agent  
81 Name: **CLARK, William D.**  
82 Street Address (P.O. Box Number is Not Acceptable): **479 Albee Farm Rd**  
83 [Blank]  
84 City: **Venice** FL 85 Zip Code: **34292-1203**

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: **William D. Clark** (Signature) DATE: **1/16/96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLARK, WILLIAM D	
STREET ADDRESS	479 ALBEE FARM ROAD	
CITY-ST-ZIP	VENICE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MACK, MARIE L	
STREET ADDRESS	485 ALBEE FARM RD	
CITY-ST-ZIP	VENICE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KENNEDY, SHELLY C	
STREET ADDRESS	469 ALBEE FARM RD.	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRICE, NODA V	
STREET ADDRESS	19 EDGEWOOD AVENUE	
CITY-ST-ZIP	HAMILTON ON	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DIMARIA, TINA G	
1.3 STREET ADDRESS	487 ALBEE FARM ROAD	
1.4 CITY-ST-ZIP	VENICE, FL 34292-1204	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TETREAUULT, WILFRED E	
3.3 STREET ADDRESS	467 ALBEE FARM ROAD	
3.4 CITY-ST-ZIP	VENICE, FL 34292-1203	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LAKE, TRACY E	
4.3 STREET ADDRESS	497 ALBEE FARM ROAD	
4.4 CITY-ST-ZIP	VENICE, FL 34292-1204	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Tina G. DiMaria, President** *Tina G. DiMaria* 1/15/96 (941) 488-7528  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)