


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90089 007 *****61.25

| | | |
|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N31181

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 |
|--|--|



| | | | | | |
|---|--|--|---|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 3. Date Incorporated or Qualified 03/14/1989 | 4. FEI Number 65-0108212 Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|--|---|---|--|

9. Name and Address of Current Registered Agent

**CLARK, WILLIAM D
479 ALBEE FARM RD.
VENICE FL 34292**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | DIMARIA, TINA G | |
| STREET ADDRESS | 487 ALBEE FARM ROAD | |
| CITY-ST-ZIP | VENICE FL 34292-1204 | |
| TITLE | AVD | <input type="checkbox"/> DELETE |
| NAME | FREEMAN, LORENE | |
| STREET ADDRESS | 1700 EDMONDSON RD | |
| CITY-ST-ZIP | NOKOMIS FL 34275-4985 | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | TETREAU, WILFRED E | |
| STREET ADDRESS | 467 ALBEE FARM RD. | |
| CITY-ST-ZIP | VENICE FL | |
| TITLE | ASTD | <input type="checkbox"/> DELETE |
| NAME | LAKE, TRACY E | |
| STREET ADDRESS | 497 ALBEE FARM RD. | |
| CITY-ST-ZIP | VENICE FL | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | MOIA, NANCY A | |
| STREET ADDRESS | 483 ALBEE FARM RD | |
| CITY-ST-ZIP | VENICE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 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 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: Tina G. Dimaria President 1/12/99 (941) 488-7528
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)