

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90118 008 ****61.25

DOCUMENT # N31181

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0108212

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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	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	TETREAULT, 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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			
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: TINA DIMARIA *Tina Dimaria*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00
 Date

(941) 488-7528
 Daytime Phone #