

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90139 044 \*\*\*\*61.25

0077374

**DOCUMENT # N31181**

1. Entity 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

UUUU8707



DO NOT WRITE IN THIS SPACE

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 Applicable

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	DIMARIA, TINA G	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	487 ALBEE FARM ROAD	STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34292-1204	CITY-ST-ZIP	
AVD	FREEMAN, LORENE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	1700 EDMONDSON RD	STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL 34275-4985	CITY-ST-ZIP	
STD	TETREAUULT, WILFRED E	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	467 ALBEE FARM RD.	STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	CITY-ST-ZIP	
ASTD	LAKE, TRACY E	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	497 ALBEE FARM RD.	STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	CITY-ST-ZIP	
VPD	MOIA, NANCY A	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	483 ALBEE FARM RD	STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01

(941) 488-7528

Date

Daytime Phone #

CR2E037 (10/00)