

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31181

FILED
Jan 08, 2009
Secretary of State

Entity Name: LAS CASAS SOUTH OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 1280
VENICE, FL 34284

New Principal Place of Business:

483 ALBEE FARM RD
VENICE, FL 34285

Current Mailing Address:

PO BOX 1280
VENICE, FL 34284

New Mailing Address:

FEI Number: 65-0108212 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MOIA, NANCY
483 A1 BEE FARM RD
VENICE, FL 34292 US

Name and Address of New Registered Agent:

MOIA, NANCY
483 ALBEE FARM RD
VENICE, FL 34285 US

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: _____

01/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHEA, RUTH
Address: 475 ALBEE FARM RD
City-St-Zip: VENICE, FL 34285

Title: AVD () Delete
Name: FREEMAN, LORENE
Address: 471 ALBEE FARM RD
City-St-Zip: VENICE, FL 34285

Title: STD () Delete
Name: CARLETON, CHAS
Address: 491 ALBEE FARM RD
City-St-Zip: VENICE, FL 34285

Title: ASTD (X) Delete
Name: LAKE, TRACY E
Address: 497 ALBEE FARM RD
City-St-Zip: VENICE, FL 34285

Title: VPD (X) Delete
Name: MOIA, NANCY A
Address: 483 ALBEE FARM RD
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOIA, NANCY
Address: 483 ALBEE FARM RD
City-St-Zip: VENICE, FL 34285

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SHEA, RUTH
Address: 475 ALBEE FARM RD
City-St-Zip: VENICE, FL 34285

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY MOIA

PD

01/08/2009

Electronic Signature of Signing Officer or Director

Date