

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31181

FILED  
Feb 27, 2010  
Secretary of State

**Entity Name:** LAS CASAS SOUTH OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

483 ALBEE FARM RD  
VENICE, FL 34285

**New Principal Place of Business:**

**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 ALBEE FARM RD  
VENICE, FL 34285    US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MOIA, NANCY  
Address: 483 ALBEE FARM RD  
City-St-Zip: VENICE, FL 34285

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

Title: VP  
Name: SHEA, RUTH  
Address: 475 ALBEE FARM RD  
City-St-Zip: VENICE, FL 34285

Title: SD  
Name: HUMPHREYS, CHARLOTTE  
Address: 495 ALBEE FARM RD  
City-St-Zip: VENICE, FL 34285

Title: TD  
Name: PARPAS, STEVE  
Address: 517 PEACH ST  
City-St-Zip: VENICE, FL 34285

I hereby 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 all other like empowered.

SIGNATURE: NANCY MOIA

PD

02/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date