## 2006 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## A DE SON **DOCUMENT # N32579** 1. Entity Name LAS CASAS N

DEMMING, CONSTANCE

503 ALBEE FARM RD #22

503 ALBEE FARM RD #13

VENICE, FL 34285

NEWCOMB, LORIE

VENICE, FL 34285

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE NAME

CITY-ST-ZIP

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

**FILED** Feb 06, 2006 8:00 am Secretary of State

02-06-2006 90066 041 \*\*\*\*61.25

☐ Change

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03

LYLE JERRY 503 ALBEE FARM RD # 7

VENICE FL 34285

☐ Addition

Addition

Addition

1. Entity Name LAS CASAS NORTH OWNERS ASSOCIATION, INC.									
	ORTH OWNERS ASSOC. FARM ROAD #24	Mailing Address P.O. BOX 1103 NOKOMIS, FL 34274-	1101 US			0012134 			
2. Principal P	ace of Business	3. Mailing Address	ailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			g-NP ·CR2	E037	(11/05)	
City & State	В	City & State	ity & State		4. FEI Number Applied For 65-0167657 Not Applicable				
Zip	Country	Zìp	Country		5. Certificate of Sta	tus Desired		<b>8.75</b> Add se Required	
	6. Name and Address of Current	Registered Agent	1		7. Name and Addr	ess of New Registe	red Ag	ent	
			Na	ıme				'	
MINNEAR, JULIANNE 503 ALBEE FARM RD #24 VENICE, FL 34292				Street Address (P.O. Box Number is Not Acceptable)					
3 .				City FL Zip Code					
	named entity submits this statement for its consistence of registered agent.	or the purpose of changing its	registered off	lice or register	-	he State of Florida.	am fai	niliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agen	t signature required	when reinstating)	0/0	NTE		
Filing Fee is \$61.25  Due by May 1, 2006  9. Election Can Trust Fund C			, ,	ping	\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.	OFFICERS AND DI	RECTORS	11.	<del></del>	ADDITIONS/CHANGE	S TO OFFICERS AN	D DIRE	CTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MINNEAR, WILLIAM P 503 ALBEE FARM RD., #24 VENICE, FL 34285	□ Delete	TITLE NAME STREET ADD GITY-ST-ZI	RESS 503	HEAR WILLII ALBEE FAR ICE FL 3	4M P !M RD # 24 4285 .	(	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEUCOMB, HAROLD 503 ALBEE FARM RD., #13 VENICE, FL 34285	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZE	RESS 503	VCOMB HA ALBEE FAI ICE FL 34:	RM RD #13	f	<b>∡</b> Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	P MINNEAR, JULIANNE 503 ALBEE FARM RD #24 VENICE, FL 34285	Ø Delete	TITLE NAME STREET ADD CITY-ST-ZI	T GAN 503	DALL NOR! ALBEE FAR	M A LM RD #27	I	Change	Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 it changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Delete

Delete

SIGNATURE: MOKINA GANDALL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/31/06	941-484-853 5 Daylime Phone #
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