

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90021 008 ****61.25

DOCUMENT # N32579

1. Entity Name
LAS CASAS NORTH OWNERS ASSOCIATION, INC.



Principal Place of Business
**LAS CASAS NORTH OWNERS ASSOC.
503 ALBEE FARM ROAD #24
VENICE, FL 34292 US**

Mailing Address
**P.O. BOX 1103
NOKOMIS, FL 34274-1101 US**

40056293



2. Principal Place of Business - No P.O. Box #
503 Albee Farm Rd.
Suite, Apt. #, etc.

3. Mailing Address
503 Albee Farm Rd.
Suite, Apt. #, etc.

04072007 Chg-NP CR2E037 (12/06)

City & State
VENICE, FL
Zip
34285

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Venice, FL
Zip
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4. FEI Number
65-0167657

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MINNEAR, JULIANNE
503 ALBEE FARM RD #24
VENICE, FL 34292**

7. Name and Address of New Registered Agent

Name
HEATHER Nestle
Street Address (P.O. Box Number is Not Acceptable)
503 Albee Farm Rd. # 5
City
Venice FL Zip Code
34285

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **HEATHER Nestle, PRESIDENT Heather Nestle** **4/8/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MINNEAR, WILLIAM P	
STREET ADDRESS	503 ALBEE FARM RD # 424	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NEUCOMB, HAROLD	
STREET ADDRESS	503 ALBEE FARM RD., #13	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MINNEAR, JULIANNE	
STREET ADDRESS	503 ALBEE FARM RD #24	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LYLE, JERRY	
STREET ADDRESS	503 ALBEE FARM RD # 7	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	NEWCOMB, LORIE	
STREET ADDRESS	503 ALBEE FARM RD #13	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry Lyle	
STREET ADDRESS	503 Albee Farm Rd. # 7	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEATHER Nestle	
STREET ADDRESS	503 Albee Farm Rd # 5	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Constance Demming	
STREET ADDRESS	503 Albee Farm Rd. #22	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORMA GANDALL	
STREET ADDRESS	503 Albee Farm Rd. # 27	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charlotte Jorgenson	
STREET ADDRESS	1921 S. BAKER Rd.	
CITY-ST-ZIP	CALSON LAKE, WI 54810	
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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Heather Nestle, PRESIDENT** **4/8/07** **941-480-1144**
Signature and typed or printed name of signing officer or director Date Daytime Phone #