

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000000296 (4)**

1. Corporation Name
HOMEOWNERS ASSOCIATION OF LA CASA, INC.



Principal Place of Business: **300 EL PRADO NORTH PORT FL 34287**
Mailing Address: **300 EL PRADO NORTH PORT FL 34287**

3. Date Incorporated or Qualified: **01/19/1993**
3a. Date of Last Report: **03/08/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 65-0376522	Applied For	<input type="checkbox"/>	Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75	Additional Fee Required	
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00	May Be Added to Fees	
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KORP, WILLIAM R 333 S TAMiami TR STE 199 VENICE FL 34285				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	DV
NAME	COWAN, GLENN	1.2 NAME	VECTOR SPERLING
STREET ADDRESS	240 HIBISCO	1.3 STREET ADDRESS	212 HIBISCO
CITY-ST-ZIP	NORTH PORT FL	1.4 CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	DS	2.1 TITLE	
NAME	SMALL, CAROL	2.2 NAME	
STREET ADDRESS	512 SAN CLEMENTE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	BRAUN, JOHN	3.2 NAME	
STREET ADDRESS	311 LAS MARIA	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	JACKMAN, DONNA	4.2 NAME	
STREET ADDRESS	213 VISTORIA	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	PD
NAME	KNIGHT, JAMES	5.2 NAME	
STREET ADDRESS	487 LOMA LINDA	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	
NAME	SPECK, JOSEPH	6.2 NAME	
STREET ADDRESS	312 LA COSTA	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carol J. Small, Secretary 4/19/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)