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Mar 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N93000000296 (4)

1. Corporation Name

HOMEOWNERS ASSOCIATION OF LA CASA, INC.



Principal Place of Business

Mailing Address

300 EL PRADO
NORTH PORT FL 34287

300 EL PRADO
NORTH PORT FL 34287-2514

3. Date Incorporated or Qualified
01/19/1993

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0376522

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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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 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV DELETE
NAME VICTOR SPRING
STREET ADDRESS 212 HIBISCO
CITY - ST - ZIP NORTH PORT FL

1.1 TITLE D Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE DS DELETE
NAME SMALL, CAROL
STREET ADDRESS 512 SAN CLEMENTE
CITY - ST - ZIP NORTH PORT FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE D DELETE
NAME BRAUN, JOHN
STREET ADDRESS 311 LAS MARIA
CITY - ST - ZIP NORTH PORT FL

3.1 TITLE PD Change Addition
3.2 NAME MESTA, JOSEPH
3.3 STREET ADDRESS 414 BRAYADO
3.4 CITY - ST - ZIP NORTH PORT, FL

TITLE TD DELETE
NAME JACKMAN, DONNA
STREET ADDRESS 213 VISTORIA
CITY - ST - ZIP NORTH PORT FL

4.1 TITLE DV Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE PD DELETE
NAME KNIGHT, JAMES
STREET ADDRESS 487 LOMA LINDA
CITY - ST - ZIP NORTH PORT FL

5.1 TITLE D Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE TD DELETE
NAME SPECK, JOSEPH
STREET ADDRESS 312 LA COSTA
CITY - ST - ZIP NORTH PORT FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 L. Small Secretary CAROL L. SMALL 2-26-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0044803

CR2E037 (9/96)