


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 30 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000000296 (4)**  
1. Corporation Name  
**HOMEOWNERS ASSOCIATION OF LA CASA, INC.**



Principal Place of Business <b>300 EL PRADO NORTH PORT FL 34287</b>	Mailing Address <b>300 EL PRADO NORTH PORT FL 34287</b>
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3. Date Incorporated or Qualified  
**01/19/1993**

4. FEI Number  
**65-0376522**

Applied For	
Not Applicable	<input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**KORP, WILLIAM R  
333 S TAMAMI TR  
STE 199  
VENICE FL 34285**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VICTOR SPRLING</b>	
STREET ADDRESS	<b>212 HIBISCO</b>	
CITY-ST-ZIP	<b>NORTH PORT FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>SMALL, CAROL</b>	
STREET ADDRESS	<b>512 SAN CLEMENTE</b>	
CITY-ST-ZIP	<b>NORTH PORT FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MESTA, JOSEPH</b>	
STREET ADDRESS	<b>414 BRAVADO</b>	
CITY-ST-ZIP	<b>NORTH PORT FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>JACKMAN, DONNA</b>	
STREET ADDRESS	<b>213 VICTORIA</b>	
CITY-ST-ZIP	<b>NORTH PORT FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KNIGHT, JAMES</b>	
STREET ADDRESS	<b>487 LOMA LINDA</b>	
CITY-ST-ZIP	<b>NORTH PORT FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>SPECK, JOSEPH</b>	
STREET ADDRESS	<b>312 LA COSTA</b>	
CITY-ST-ZIP	<b>NORTH PORT FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: \_\_\_\_\_ **REQUIRED**

CR2E037 (10/97)