NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N93000000296

HOMEOWNERS ASSOCIATION OF LA CASA, INC.

FILED Mar 16, 1999 8:00 am § Secretary of State

03-16-1999 90160 017 ****61.25

| City & Sistle City & Sistle City & Sistle City & Sistle S. Certificate of Status Desired \$8.75.75 Additional Fee Required \$1.000 \$1. | 1 | | | | | | | |
|--|---|---|-----------------------------------|--|---|---|-----------------|--|
| 22. Principal Place of Business 23. Malfing Address 24. Sulfe, Apt. R. etc. 25. Sulfe, Apt. R. etc. 27. Sulfe, Apt. R. etc. 27. Sulfe, Apt. R. etc. 28. Sulfe, Apt. R. etc. 29. Country 20. Country 20. Country 21. Zep 20. Country 21. Zep 20. Country 22. Country 23. Deciritate of State 24. Sulfe, Apt. R. etc. 27. Sulfe, Apt. R. etc. 28. Sulfe, Apt. R. etc. 29. Country 20. Country 20. Country 20. Country 21. Zep 20. Country 21. Zep 20. Country 20. Country 21. Zep 20. Country 22. Country 23. Sulfe Apt. R. etc. 28. Sulfe, Apt. R. etc. 29. Country 20. Country 20. Country 20. Country 20. Country 20. Sulfe, Apt. R. etc. 21. Sulfe, Apt. R. etc. 22. Country 22. Country 23. Sulfe, Apt. R. etc. 24. First Dund Controllation 25. Country 26. Sulfe, Apt. R. etc. 27. Country 28. Sulfe, Apt. R. etc. 28. Sulfe, Apt. R. etc. 29. Country 29. Country 29. Country 29. Country 29. Country 29. Country 29. Name and Address of Current Registered Agent 40. Name and Address of New Registered Agent 40. Name and Address of | Principal Place of Business Mailing Address | | | | | | | |
| Sulto, Apt. #, etc. | 300 EL PRADO 300 EL PRADO | | | | | | | |
| Sulfe, Apt. #, etc. | 2. Principal P | lace of Business | 2a. Mailing Address | | | 3. Date Incorporated or Qualifed | | |
| Suite, Apl. #, etc. Suite, Apl. #, etc. Suite, Apl. #, etc. School Applied For Sch | h | | | | | 01/19/1993 | l | |
| City & State 23 City & State 24 City & State 25 Country 25 Country 25 Country 26 Election Campaign Financing 25 S.00 May 8e Added to Fees 24 City 25 29 30 Trust Fund Contribution | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | or . | | |
| City & Sistle City & Sistle City & Sistle City & Sistle S. Certificate of Status Desired \$8.75.75 Additional Fee Required \$1.000 \$1. | 27 | | | | 65-0376522 Not Applic | able | | |
| Zip | City & State City & State | | | | | el le | | |
| 25 | <u></u> | | | | | | | |
| 9. Name and Address of Current Registered Agent KORP, WILLIAM R 333 S TAMIAMI TR STE 199 VENICE FL 34285 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 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, and familiar with, and accept the obligations of, Section 17.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OPFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 12. NAME VICTOR SPRUNG 12. STREET ADDRESS 12. HIBSOO 13. STREET ADDRESS 14. HIBSOO 14. STREET ADDRESS 15. SAN CLEMENTE 16. ORTH PORT FL 16. ORTH PORT FL 17. STREET ADDRESS 16. STREET ADDRESS 17. STREET ADDRESS 18. STREET ADDRES | <u>⊢</u> ` ' | | | <u> </u> | | | , | |
| ROPE WILLIAM R 333 S TAMIAMI TR 582 Street Address (P.O. Box Number is Not Acceptable) 333 S TAMIAMI TR 583 Street Address (P.O. Box Number is Not Acceptable) 344 City FL 85 Zip Code 585 Zip Code 285 Zip Code 585 Zip Code | 24 | 11 | | 10 | | | - | |
| 333 S TAMIAMI TR STE 199 VENICE FL 34285 11. Pursuant to the provisions of Sections 517.0502 and 617.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 617.0503, Florids Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11THE D ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME STREET ADDRESS 13. STREET ADDRESS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. STREET ADDRESS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. A E L T AN G O NORTH PORT FL 16. A E L T AN G O NORTH PORT FL 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. TITLE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. STREET ADDRESS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. A E L T AN G O NORTH PORT FL 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO | | 3. Name and Address of Cure | in Negistered Agent | 81 | Name | | | |
| 333 S TAMIAMI TR STE 199 VENICE FL 34285 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 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, 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, 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, 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, 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, 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, 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, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered with and accept the appointment as registered with and accept the appointment as registered with and accept the corporation's board of directors. I hereby accept the appointment as registered with and accept t | LODD WI | FILLAND CO. | | | | | | |
| STE 199 VENICE FL 34285 84 | | | | 82 | Street | Address (P.O. Box Number is Not Acceptable) | Ì | |
| VENICE FL 34285 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, 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, 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, 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, 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 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, 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, or both in the State of Change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Brital Broadcast and accept the observed agent, or both the appointment as registered agent, or both the purpose of change is registered agent, or both the purpose of change is registered agent, or both the purpose of change is registered agent, or both the purpose of change is registered agent, or both the purpose of change is registered agent, or both the purpose of change is registered agent, or both the purpose o | | MIAMI IT | | 83 | | | | |
| 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 or finds 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, or hoth, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Supature, typed or printed name of registered agent and the if applicable. PATE Respisement Agent agreement required when revealing) DATE | 1 | 1 34285 | | | - | los Tin Code | | |
| 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, and accept the obligations of, Section 617.0503, Floridad Statutes. SIGNATURE 12. | VENIOL | L 54200 | | 84 | City | FL 185 Zip Coda | Į | |
| SIGNATURE Signature, typed or printed name of registered agent and tabe if applicables. NOTE Registered Agent alginature required when rewattating) | office or r | egistered agent, or both, in the State | e of Florida. Such change was aut | horized by | the corpo | d corporation submits this statement for the purpose of changing its register coration's board of directors. I hereby accept the appointment as registered | red | |
| NOTE | | an lammar with and accept the oblig | | | | | _ | |
| TITLE | | | | <u> </u> | nt signature r | | | |
| NAME VICTOR SPRLING 12 NAME MARTHA CASS DV | | OFFICERS A | | | | | ו מי | |
| STREET ADDRESS CITY-ST-ZIP NORTH PORT FL | | | | | | | | |
| CITY-ST-ZIP NORTH PORT FL 14 CITY-ST-ZIP NORTH PORT FL 34387 | | - | | 1.1 TITLE | | D □ Change 🖾 Ar | | |
| DS | NAME | VICTOR SPRLING | | 1.1 TITLE 1.2 NAME | r ADDDECC | D Change MARTHA CASSIDY | | |
| NAME SMALL, CAROL 22 NAME 512 SAN CLEMENTE 23 STREET ADDRESS | NAME STREET ADORESS | VICTOR SPRLING 212 HIBISCO | | 1.1 TITLE 1.2 NAME 1.3 STREE | | D Change MARTHA CASSIDY 662 EL TANGO | | |
| STREET ADDRESS S12 SAN CLEMENTE | NAME STREET ADORESS CITY+ST-ZIP | VICTOR SPRLING 212 HIBISCO NORTH PORT FL | ⊠ DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S | | D Change MAN MARTHA CASSIDY 662 EL TANGO NORTH PORT FL 34287 | ddition | |
| CITY-ST-ZIP | NAME STREET ADORESS CITY-ST-ZIP TITLE | VICTOR SPRLING 212 HIBISCO NORTH PORT FL DS | ⊠ DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE | | D Change MAN MARTHA CASSIDY 662 EL TANGO NORTH PORT FL 34287 | ddition | |
| TITLE | NAME STREET ADORESS CITY-ST-ZIP TITLE NAME | VICTOR SPRLING 212 HIBISCO NORTH PORT FL DS SMALL, CAROL | ⊠ DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME | T- ZIP | D Change MAN MARTHA CASSIDY 662 EL TANGO NORTH PORT FL 34287 Change A | ddition | |
| NAME MESTA, JOSEPH 3.2 NAME STREET ADDRESS 414 BRAVADO 3.3 STREET ADDRESS NORTH PORT FL 3.4 CITY-ST-ZIP TITLE DV DELETE 4.1 TITLE Change Addition Addition DELETE A.2 NAME A.3 STREET ADDRESS A.4 CITY-ST-ZIP DV DELETE | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | VICTOR SPRLING 212 HIBISCO NORTH PORT FL DS SMALL, CAROL 512 SAN CLEMENTE | ⊠ DELETE | 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE | T-ZIP | D Change MAN MARTHA CASSIDY 662 EL TANGO NORTH PORT FL 34287 Change A | ddition | |
| STREET ADDRESS STRE | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICTOR SPRLING 212 HIBISCO NORTH PORT FL DS SMALL, CAROL 512 SAN CLEMENTE NORTH PORT FL | ⊠ DELETE | 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S | T-ZIP | D Change MAN MARTHA CASSIDY 662 EL TANGO NORTH PORT FL 34287 Change A | ddition | |
| TITLE DV DELETE 4.1 TITLE Change Addition NAME JACKMAN, DONNA 4.2 NAME STREET ADDRESS 213 VISTORIA 4.3 STREET ADDRESS CITY-ST-ZIP MORTH PORT FL 4.4 CITY-ST-ZIP TITLE DV DELETE 5.1 ITILE 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 DELETE 6.1 TITLE | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | VICTOR SPRLING 212 HIBISCO NORTH PORT FL DS SMALL, CAROL 512 SAN CLEMENTE NORTH PORT FL PD | ⊠ DELETE | 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE | T-ZIP | D Change MAN MARTHA CASSIDY 662 EL TANGO NORTH PORT FL 34287 Change A | ddition | |
| NAME | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | VICTOR SPRLING 212 HIBISCO NORTH PORT FL DS SMALL, CAROL 512 SAN CLEMENTE NORTH PORT FL PD MESTA, JOSEPH | ⊠ DELETE | 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME | T-ZIP T ADDRESS ST-ZIP | D Change MAN MARTHA CASSIDY 662 EL TANGO NORTH PORT FL 34387 Change A | ddition | |
| STREET ADDRESS 213 VISTORIA 4.3 STREET ADDRESS 4.4 C/TY-ST-ZIP | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | VICTOR SPRLING 212 HIBISCO NORTH PORT FL DS SMALL, CAROL 512 SAN CLEMENTE NORTH PORT FL PD MESTA, JOSEPH 414 BRAVADO | DELETE | 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE | T-ZIP T ADDRESS ST-ZIP T ADDRESS | D Change MAN MARTHA CASSIDY 662 EL TANGO NORTH PORT FL 34287 Change A | ddition | |
| CITY-ST-ZIP NORTH PORT FL 4.4 CITY-ST-ZIP TITLE DV DELETE 5.1 TITLE Change Addition NAME KNIGHT, JAMES 5.2 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PORT FL 5.3 STREET ADDRESS CITY-ST-ZIP TITLE TD DELETE 6.1 TITLE Change Addition | NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP | VICTOR SPRLING 212 HIBISCO NORTH PORT FL DS SMALL, CAROL 512 SAN CLEMENTE NORTH PORT FL PD MESTA, JOSEPH 414 BRAVADO NORTH PORT FL DV | DELETE | 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE* 3.4 CITY-S 4.1 TITLE | T-ZIP T ADDRESS ST-ZIP T ADDRESS | D Change MAN MARTHA CASSIDY 662 EL TANGO NORTH PORT FL 34287 Change A | ddition | |
| TITLE DV DELETE 5.1 TITLE Change Addition 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 DELETE 6.1 TITLE | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | VICTOR SPRLING 212 HIBISCO NORTH PORT FL DS SMALL, CAROL 512 SAN CLEMENTE NORTH PORT FL PD MESTA, JOSEPH 414 BRAVADO NORTH PORT FL DV JACKMAN, DONNA | DELETE | 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE* 3.4 CITY-S 4.1 TITLE | T-ZIP T ADDRESS ST-ZIP T ADDRESS | D Change MAN MARTHA CASSIDY 662 EL TANGO NORTH PORT FL 34287 Change A | ddition | |
| 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 DELETE 6.1 TITLE | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | VICTOR SPRLING 212 HIBISCO NORTH PORT FL DS SMALL, CAROL 512 SAN CLEMENTE NORTH PORT FL PD MESTA, JOSEPH 414 BRAVADO NORTH PORT FL DV JACKMAN, DONNA 213 VISTORIA | DELETE | 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE | T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP | D Change MAN MARTHA CASSIDY 662 EL TANGO NORTH PORT FL 34287 Change A | ddition | |
| STREET ADDRESS 487 LOMA LINDA 5.3 STREET ADDRESS CITY-ST-ZIP NORTH PORT FL 5.4 CITY-ST-ZIP Change Addition | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP | VICTOR SPRLING 212 HIBISCO NORTH PORT FL DS SMALL, CAROL 512 SAN CLEMENTE NORTH PORT FL PD MESTA, JOSEPH 414 BRAVADO NORTH PORT FL DV JACKMAN, DONNA 213 VISTORIA NORTH PORT FL | DELETE DELETE | 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S | T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP | D Change MAN MARTHA CASSIDY 662 EL TANGO NORTH PORT FL 34287 Change An | ddition ddition | |
| CITY-ST-ZIP | NAME STREET ADDRESS CITY-ST-ZIP TITLE | VICTOR SPRLING 212 HIBISCO NORTH PORT FL DS SMALL, CAROL 512 SAN CLEMENTE NORTH PORT FL PD MESTA, JOSEPH 414 BRAVADO NORTH PORT FL DV JACKMAN, DONNA 213 VISTORIA NORTH PORT FL | DELETE DELETE | 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 4.3 STREE 5.1 TITLE | T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP | D Change MAN MARTHA CASSIDY 662 EL TANGO NORTH PORT FL 34287 Change An | ddition ddition | |
| TITLE TD DELETE 6.1 TITLE Change Addition | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | VICTOR SPRLING 212 HIBISCO NORTH PORT FL DS SMALL, CAROL 512 SAN CLEMENTE NORTH PORT FL PD MESTA, JOSEPH 414 BRAVADO NORTH PORT FL DV JACKMAN, DONNA 213 VISTORIA NORTH PORT FL DY KNIGHT, JAMES | DELETE DELETE | 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 4.3 STREE 5.1 TITLE 5.2 NAME | T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP | D Change MAN MARTHA CASSIDY 662 EL TANGO NORTH PORT FL 34387 Change A | ddition ddition | |
| | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | VICTOR SPRLING 212 HIBISCO NORTH PORT FL DS SMALL, CAROL 512 SAN CLEMENTE NORTH PORT FL PD MESTA, JOSEPH 414 BRAVADO NORTH PORT FL DV JACKMAN, DONNA 213 VISTORIA NORTH PORT FL DV KNIGHT, JAMES 487 LOMA LINDA | DELETE DELETE | 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE* 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE* 5.1 TITLE 5.2 NAME 5.3 STREE* | T ADDRESS | D Change MAN MARTHA CASSIDY 662 EL TANGO NORTH PORT FL 34387 Change A | ddition ddition | |
| NAME COLING INCLOSE | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICTOR SPRLING 212 HIBISCO NORTH PORT FL DS SMALL, CAROL 512 SAN CLEMENTE NORTH PORT FL PD MESTA, JOSEPH 414 BRAVADO NORTH PORT FL DV JACKMAN, DONNA 213 VISTORIA NORTH PORT FL DV KNIGHT, JAMES 487 LOMA LINDA NORTH PORT FL | DELETE DELETE | 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.2 NAME 4.3 STREE 4.2 NAME 4.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S | T ADDRESS | D Change MAN MARTHA CASSIDY 662 EL TANGO NORTH PORT FL 34287 Change A | ddition ddition | |
| STREET ADDRESS 312 LA COSTA 6.3 STREET ADDRESS | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICTOR SPRLING 212 HIBISCO NORTH PORT FL DS SMALL, CAROL 512 SAN CLEMENTE NORTH PORT FL PD MESTA, JOSEPH 414 BRAVADO NORTH PORT FL DV JACKMAN, DONNA 213 VISTORIA NORTH PORT FL DV KNIGHT, JAMES 487 LOMA LINDA NORTH PORT FL | DELETE DELETE | 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.2 NAME 4.3 STREE 4.2 NAME 4.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S | T ADDRESS | D Change MAN MARTHA CASSIDY 662 EL TANGO NORTH PORT FL 34287 Change A | ddition ddition | |

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 pr on an attachment with an address, with all other like empowered.

6.4 C/TY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NORTH PORT FL

Date