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Mar 16, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000000296**

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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified <b>01/19/1993</b>	4. FEI Number <b>65-0376522</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		

9. Name and Address of Current Registered Agent

**KORP, WILLIAM R  
333 S TAMIAMI 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 **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" 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 VISTORIA</b>
CITY-ST-ZIP	<b>NORTH PORT FL</b>
TITLE	<b>DV</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	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MARTHA CASSIDY</b>
1.3 STREET ADDRESS	<b>662 EL TANGO</b>
1.4 CITY-ST-ZIP	<b>NORTH PORT FL 34287</b>
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, with all other like empowered.

SIGNATURE: SIGNATURES REQUIRED DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E037 (11/98)