

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90078 004 ****61.25

DOCUMENT # N93000000296

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

Principal Place of Business Mailing Address
300 EL PRADO **300 EL PRADO**
NORTH PORT FL 34287 **NORTH PORT FL 34287-2514**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
65-0376522 Not Applicable

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

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
KORP, WILLIAM R
333 S TAMiami TR
STE 199
VENICE FL 34285

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSIDY, MARTHA	NAME	
STREET ADDRESS	662 EL TANGO	STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL 34287	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALL, CAROL	NAME	
STREET ADDRESS	512 SAN CLEMENTE	STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESTA, JOSEPH	NAME	
STREET ADDRESS	414 BRAVADO	STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKMAN, DONNA	NAME	FRASER, RONALD A.
STREET ADDRESS	213 VISTORIA	STREET ADDRESS	238 VISTORIA
CITY-ST-ZIP	NORTH PORT FL	CITY-ST-ZIP	NORTH PORT FL
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNIGHT, JAMES	NAME	KOERBER, JOHN
STREET ADDRESS	487 LOMA LINDA	STREET ADDRESS	672 ALVARADO
CITY-ST-ZIP	NORTH PORT FL	CITY-ST-ZIP	NORTH PORT FL
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPECK, JOSEPH	NAME	
STREET ADDRESS	312 LA COSTA	STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald Fraser* 2/24/00 941-426-0663
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)