

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

0066748

DOCUMENT # N93000000296
 1. Entity Name
HOMEOWNERS ASSOCIATION OF LA CASA, INC.

02-05-2002 90110 040 ****61.25

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



DO NOT WRITE IN THIS SPACE

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

4. FEI Number **65-0376522** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME	D CASSIDY, MARTHA	<input type="checkbox"/> Delete
STREET ADDRESS	662 EL TANGO	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE NAME	DS SMALL, CAROL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	512 SAN CLEMENTE	
CITY-ST-ZIP	NORTH PORT FL	
TITLE NAME	DV MESTA, JOSEPH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	414 BRAVADO	
CITY-ST-ZIP	NORTH PORT FL	
TITLE NAME	D JACKMAN, DONNA	<input type="checkbox"/> Delete
STREET ADDRESS	213 VISTORIA	
CITY-ST-ZIP	NORTH PORT FL 39287	
TITLE NAME	PD FRASER, RONALD A	<input type="checkbox"/> Delete
STREET ADDRESS	238 VISTORIA	
CITY-ST-ZIP	NORTH PORT FL	
TITLE NAME	TD SPECK, JOSEPH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	312 LA COSTA	
CITY-ST-ZIP	NORTH PORT FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	SD Jolene O'Brien	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	674 Alvarado	
CITY-ST-ZIP	North Port, FL 34287	
TITLE NAME	D Wallace Schleeauf	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	650 LaSala	
CITY-ST-ZIP	North Port, FL 34287	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	TD Victor Barber	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	518 Madonna	
CITY-ST-ZIP	North Port, FL 34287	

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: *SMITH FRASER, RONALD A FRASER, PRESIDENT 1/15/02 (941) 426-0663*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)