


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90099 050 \*\*\*\*61.25

<b>DOCUMENT # N93000000296</b>					
1. Entity Name HOMEOWNERS ASSOCIATION OF LA CASA, INC.					
Principal Place of Business 300 EL PRADO NORTH PORT, FL 34287		Mailing Address 300 EL PRADO NORTH PORT, FL 34287			
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 <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KORP, WILLIAM R 240 S. PINEAPPLE AVE. 10TH FLOOR SARASOTA, FL 34236			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARRAR, F. KENT		NAME	Steven Leapley	
STREET ADDRESS	504 ALVARADO		STREET ADDRESS	477 Bravado	
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP	North Port, FL 34287	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OMAN, DAVID B		NAME	Gail Quinn	
STREET ADDRESS	201 EL PRADO		STREET ADDRESS	313 LaCosta	
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP	North Port, FL 34287	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOONMAKER, NEILL		NAME		
STREET ADDRESS	400 TARDE LOGO		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHNIS, THOMAS M		NAME		
STREET ADDRESS	517 SAN CLEMENTE		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN TASSELL, CLINT		NAME	ROBERT Will	
STREET ADDRESS	469 LOMA LINDA		STREET ADDRESS	639 Los Altos	
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP	North Port, FL 34287	
TITLE	D	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOERBER, JOHN H		NAME		
STREET ADDRESS	672 ALVARADO		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>John H. Koerber</u>		Date: <u>March 01, 2006</u>		Daytime Phone #: <u>426-0663</u>	
John H. Koerber					