

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000296

FILED
Mar 31, 2009
Secretary of State

Entity Name: HOMEOWNERS ASSOCIATION OF LA CASA, INC.

Current Principal Place of Business:

300 EL PRADO
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

300 EL PRADO
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 65-0376522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, STEPHEN W
1205 MANATEE AVE. WEST
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LEAPLEY, STEVEN
Address: 427 BRAVADO
City-St-Zip: NORTH PORT, FL 34287

Title: SD () Delete
Name: QUINN, GAIL
Address: 313 LACOSTA
City-St-Zip: NORTH PORT, FL 34287

Title: P () Delete
Name: SWIERCZYNSKI, SHARON
Address: 553 MADERO
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: WILL, ROBERT
Address: 639 LOS ALTOS
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: RITTER, JOHN
Address: 403 CATINA
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: CARTER, BEN
Address: 433 BRARADO
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: LOFTUS, WILLIAM
Address: 306 LAS MARIA
City-St-Zip: NORTH PORT, FL 34287

Title: SD (X) Change () Addition
Name: DUGAS, ANDRE
Address: 640 LA SALA
City-St-Zip: NORTH PORT, FL 34287

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HUFFMAN, LILLIAN
Address: 534 LA PLAYA
City-St-Zip: NORTH PORT, FL 34287

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CARTER, BEN
Address: 433 BRAVADO
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON SWIERSCZENSKI

PRES

03/31/2009

Electronic Signature of Signing Officer or Director

Date