

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005334

FILED  
Jan 13, 2012  
Secretary of State

**Entity Name:** LA CASA ACTIVITY ASSOCIATION, 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:** 65-0526376

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KORP, WILLIAM R  
333 S TAMiami TRAIL  
SUITE 199  
VENICE, FL 34285 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: D  
Name: FREEMAN, LIZ  
Address: 640 ALVARADO  
City-St-Zip: NORTH PORT, FL 34287

Title: SD  
Name: ROY, DIANE  
Address: 506 ALVARADO  
City-St-Zip: NORTH PORT, FL 34287

Title: TD  
Name: VAN TASSELL, CLINTON  
Address: 469 LOMA LINDA  
City-St-Zip: NORTH PORT, FL 34287

Title: VD  
Name: BURLISON, RANDY  
Address: 257 VISTORIA  
City-St-Zip: NORTH PORT, FL 34287

Title: PD  
Name: WIEDERHOLD, STEVE  
Address: 221 VISTORIA  
City-St-Zip: NORTH PORT, FL 34287

Title: D  
Name: KEVIN, CLIFFORD  
Address: 223 ESTGRADA  
City-St-Zip: NORTH PORT, FL 34287

I hereby 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 all other like empowered.

SIGNATURE: CLINTON VAN TASSELL

TD

01/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date