2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000006064

1. Entity Name
LA CASA HOMEOWNERS OF SARASOTA COUNTY INC.

Principal Place of Business	Mailing Address
535 LA PLAYA PH NORTH PORT, FL 34287 US	535 LA PLAYA PH NORTH PORT, FL 34287 US

01242004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WELTON, ROBERTA
618 IGESIA
NORTH PORT, FL 34287

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	EVANS, JAMES
STREET ADDRESS	535 LA PLAYA
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	D
NAME	DEVIN, PAUL S
STREET ADDRESS	236 LA COSTA
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	D
NAME	MOSER, ROBERT
STREET ADDRESS	629 LASALA
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	VP
NAME	TATE, JIM
STREET ADDRESS	621 LOS ALTOS
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	T
NAME	WELTON, ROBERTA
STREET ADDRESS	618 IGLESIA
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	S
NAME	WELTON, ROBERTA
STREET ADDRESS	618 IGLESIA
CITY-ST-ZIP	NORTH PORT, FL 34287

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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: Roberta M Welton 1-28-2004 941-423-6819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Roberta Welton, Sec-Treas