

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000006064

FILED
Apr 03, 2008
Secretary of State

Entity Name: LA CASA HOMEOWNERS OF SARASOTA COUNTY INC.

Current Principal Place of Business:

618 IGLESIA DR.
NORTH PORT, FL 34287 US

New Principal Place of Business:

Current Mailing Address:

618 IGLESIA DR.
NORTH PORT, FL 34287 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WELTON, ROBERTA
618 IGLESIA
NORTH PORT, FL 34287 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 () Delete
Name: CRUMBACK, GEORGE
Address: 622 BRAVADO
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: PAVLIKA, ALEX
Address: 410 TARDE LOGO
City-St-Zip: NORTH PORT, FL 34287

Title: VP () Delete
Name: MOSER, ROBERT
Address: 628 LASALA
City-St-Zip: NORTH PORT, FL 34287

Title: S () Delete
Name: PORTER, SYLVIA
Address: 435 LOMA LINDA
City-St-Zip: NORTH PORT, FL 34287

Title: T () Delete
Name: WELTON, ROBERTA
Address: 618 IGLESIA
City-St-Zip: NORTH PORT, FL 34287

Title: P () Delete
Name: WELTON, ROBERTA
Address: 618 IGLESIA
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: T (X) Change () Addition
Name: SIFFORD, ANDREW
Address: 401BRAVADO
City-St-Zip: NORTH PORT, FL 34287

Title: S (X) Change () Addition
Name: WELTON, ROBERTA
Address: 618 IGLESIA
City-St-Zip: NORTH PORT, FL 34287

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

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: ROBERTA A. WELTON

MRS

04/03/2008

Electronic Signature of Signing Officer or Director

_____ Date