

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90077 034 \*\*\*\*61.25

**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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

HOLLAND, THOMAS  
427 MADONNA  
NORTH PORT FL 34287

7. Name and Address of New Registered Agent

Name Roberta Welton  
Street Address (P.O. Box Number is Not Acceptable)  
618 Iglesia  
City North Port FL Zip Code 34287

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 Roberta G. Welton  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/29/03  
DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	EVANS, JAMES	<input type="checkbox"/> Delete
NAME		535 LA PLAYA	
STREET ADDRESS		NORTH PORT FL 34287	
CITY-ST-ZIP			
TITLE	D	DEVIN, PAUL S	<input type="checkbox"/> Delete
NAME		238 LA COSTA	
STREET ADDRESS		NORTH PORT FL 34287	
CITY-ST-ZIP			
TITLE	D	MOSER, ROBERT	<input type="checkbox"/> Delete
NAME		629 LASALA	
STREET ADDRESS		NORTH PORT FL 34287	
CITY-ST-ZIP			
TITLE	VP	DARBY, SANDRA	<input checked="" type="checkbox"/> Delete
NAME		423 TARDE LOGO	
STREET ADDRESS		NORTH PORT FL 34287	
CITY-ST-ZIP			
TITLE	T	HOLLAND, THOMAS	<input checked="" type="checkbox"/> Delete
NAME		427 MADONNA	
STREET ADDRESS		NORTH PORT FL 34287	
CITY-ST-ZIP			
TITLE	S	GUAS, DELL	<input checked="" type="checkbox"/> Delete
NAME		318 ROBALO	
STREET ADDRESS		NORTH PORT FL 34287	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VP	Jim TATE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		621 LOS ALTOS	
STREET ADDRESS		North Port FL 34287	
CITY-ST-ZIP			
TITLE	T	Roberta Welton	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		618 Iglesia	
STREET ADDRESS		North Port FL 34287	
CITY-ST-ZIP			
TITLE	S	Roberta Welton	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		618 Iglesia	
STREET ADDRESS		North Port, FL 34287	
CITY-ST-ZIP			

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03  
Date

941-423-6819  
Daytime Phone #

CR2E037 (10/02)