

2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N93000000296

Entity Name: HOMEOWNERS ASSOCIATION OF LA CASA, INC.

Current Principal Place of Business:

300 EL PRADO
NORTH PORT, FL 34287

Current Mailing Address:

300 EL PRADO
NORTH PORT, FL 34287 US

FEI Number: 65-0376522

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE LAW OFFICES OF LOBECK AND HANSON, P.A.
2033 MAIN STREET
SUITE 403
SARASOTA, FL 34237 US

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: DANIEL J. LOBECK

02/25/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name STEVENS, WALTER PAUL
Address 419 TARDE LOGO
City-State-Zip: NORTH PORT FL 34287

Title PRESIDENT
Name THURNHERR, NANCY
Address 441 MADRE
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR
Name RODNEY, DISBENNETT
Address 400 EL PRADO
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR
Name ROGERS, MANUEL
Address 607 LA JOLLA CIR
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR
Name RICHARDSON, LEONARD
Address 510 LA PLAYA CIR
City-State-Zip: NORTH PORT FL 34287

Title VP
Name DAVIS, TIMOTHY J
Address 232 LA COSTA
City-State-Zip: NORTH PORT FL 34287

Title TREASURER
Name DANNER, JAN L
Address 417 VILLA NUEVA CIR
City-State-Zip: NORTH PORT FL 34287

Title SECRETARY
Name HOLOVACHUK, THERESA
Address 455 MADRE
City-State-Zip: NORTH PORT FL 34287

Continues on page 2

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: NANCY THURNHERR

PRESIDENT

02/25/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MAHONEY, DANIEL
Address 707 DEL LUNA
City-State-Zip: NORTH PORT FL 34287