

**2021 FLORIDA NOT FOR PROFIT CORPORATION 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:**

BECKER & POLIAKOFF  
4001 TAMiami TRAIL N.  
SUITE 270  
NAPLES, FL 34103 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:** DAVID G. MULLER

02/18/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title TREASURER  
Name DANNER, JAN L  
Address 701 DEL LUNA DR  
City-State-Zip: NORTH PORT FL 34287

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

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

Title DIRECTOR  
Name COLETTE, WELCH S  
Address 646 BUENOS  
City-State-Zip: NORTH PORT FL 34287

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*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:** TIMOTHY J DAVIS

PRESIDENT

02/18/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            LINDA, SWAB S  
Address        2901 HOMER AVE  
City-State-Zip:  ERIE PA 16506