

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000296

**Entity Name:** HOMEOWNERS ASSOCIATION OF LA CASA, INC.

**FILED**  
**Apr 14, 2016**  
**Secretary of State**  
**CC3295456828**

**Current Principal Place of Business:**

300 EL PRADO  
NORTH PORT, FL 34287

**Current Mailing Address:**

300 EL PRADO  
NORTH PORT, FL 34287

**FEI Number: 65-0376522**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

GORDON, SCOTT E  
TWO NORTH TAMiami TRAIL  
SUITE 500  
SARASOTA, FL 34236 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR, SECRETARY  
Name FRYER, GAIL  
Address 710 EL RIO  
City-State-Zip: NORTH PORT FL 34287

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

Title DIRECTOR  
Name LIBBY, JOSEPH  
Address 412 VIVAR  
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR  
Name BICKNELL, BERT  
Address 461 LOMA LINDA  
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR, VP  
Name AMOS, NORMAN  
Address 315 TRESA  
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR, PRESIDENT  
Name KING , RANDAL  
Address 706 DEL LUNA  
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR  
Name SMITH, DANIEL  
Address 730 SANCHEZ  
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR, TREASURER  
Name MIEKLE, RUTH  
Address 818 VILLA DEL SOL  
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: RANDALL P. KING**

**PRESIDENT**

**04/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR

Name            WELCH, COLETTE

Address        646 BUENOS

City-State-Zip: NORTH PORT FL 34287