

**2023 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 & POLIAKOFFMARY HAWK, ESQ  
1205 MANATEE AVENUE WEST  
BRADENTON, FL 34205 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:** LINDA KROUT

02/28/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title SECRETARY  
Name HANUS, FRANK  
Address 906 IGLESIA  
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR  
Name BISSON, DAVID  
Address 615 IGLESIA  
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR  
Name PETERSON, GARY D  
Address 606 IGLESIA DRIVE  
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR  
Name MOSHANO, PAUL  
Address 448 TARDE LOGO CIRCLE  
City-State-Zip: NORTH PORT FL 34287

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

Title VP  
Name MORGAN, MARTHA N  
Address 528 LA PLAYA CIRCLE  
City-State-Zip: NORTH PORT FL 34287

Title TREASURER  
Name LUECKEN, LINDA S  
Address 623 LA JOLLA CIRCLE  
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:** COLETTE S WELCH

PRESIDENT

02/28/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           HAGOPIAN, JACK  
Address        652 LA SALA  
City-State-Zip: NORTH PORT FL 34287