

2013 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

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
Name MEDLING, EVERETT
Address 448 TARDE LOGO CIRCLE
City-State-Zip: NORTH PORT FL 34287

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

Title PRESIDENT
Name BURLISON, RANDALL A
Address 257 VISTORIA
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR
Name BALLARD, RANDY
Address 704 SANCHEZ
City-State-Zip: NORTH PORT FL 34287

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

Title SECRETARY
Name LEWANDOWSKI, JOSEPH
Address 424 VIVAR
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR
Name CURLEY, CAROL A
Address 702 SANCHEZ
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR
Name BICKNELL, BERT
Address 461 LOMA LINDA
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: RANDALL A. BURLISON

PRESIDENT

04/04/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name LIBBY, JOSEPH

Address 412 VIVAR

City-State-Zip: NORTH PORT FL 34287