

**2022 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:** Yes

**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

02/15/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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            MOSHANO, PAUL  
Address        630 LA SALA  
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

02/15/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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