

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000296

FILED
Mar 31, 2017
Secretary of State
CC6324446904

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, 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 PALMER, JILL
Address 754 SANCHEZ CIRCLE
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR
Name DICKSON, RICHARD
Address 316 LA ROSAS
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR, TREASURER
Name HENRY, MADURA
Address 424 BRAVADO
City-State-Zip: NORTH PORT FL 34287

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

Title DIRECTOR, PRESIDENT
Name MIEKLE, RUTH
Address 818 VILLA DEL SOL
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: RUTH MIEKLE

PRESIDENT

03/31/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, VP

Name WELCH, COLETTE

Address 646 BUENOS

City-State-Zip: NORTH PORT FL 34287