## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000296

Entity Name: HOMEOWNERS ASSOCIATION OF LA CASA, INC.

FILED Feb 16, 2024 Secretary of State 4866705304CC

**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 02/16/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

TitleSECRETARYTitleDIRECTORNameHANUS, FRANKNameBISSON, DAVIDAddress906 IGLESIAAddress615 IGLESIA

City-State-Zip: NORTH PORT FL 34287 City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR Title DIRECTOR

Name PETERSON, GARY D Name MOSHANO, PAUL

Address 606 IGLESIA DRIVE Address 448 TARDE LOGO CIRCLE
City-State-Zip: NORTH PORT FL 34287 City-State-Zip: NORTH PORT FL 34287

Title VP Title TREASURER

NameMORGAN, MARTHA NNameLUECKEN, LINDA SAddress528 LA PLAYA CIRCLEAddress623 LA JOLLA CIRCLECity-State-Zip:NORTH PORT FL 34287City-State-Zip:NORTH PORT FL 34287

TitleDIRECTORTitleDIRECTORNameHAGOPIAN, JACKNameSMITH, DENNY

Address 652 LA SALA Address 417 TARDE LOGO CIR

City-State-Zip: NORTH PORT FL 34287 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 02/16/2024

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title PRESIDENT

Name DAVIS, TIMOTHY J

Address 232 LA COSTA

City-State-Zip: NORTH PORT FL 34287