

2018 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:

LOBECK, DANIEL J.
2033 MAIN STREET
SUITE 403
SARASOTA, FL 34237 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: DANIEL J. LOBECK

03/06/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name STEVENS, PAUL
Address 419 TARDE LOGO
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR
Name THURNHERR, NANCY
Address 441 MADRE
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR, VP
Name BOHAN, THOMAS
Address 719 DEL LUNA
City-State-Zip: NORTH PORT FL 34287

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

Title DIRECTOR
Name SULLIVAN, JOHN
Address 433 BRAVADO
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR, PRESIDENT
Name MEIKLE, RUTH
Address 818 VILLA DEL SOL
City-State-Zip: NORTH PORT FL 34287

Continues on page 2

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 MEIKLE

PRESIDENT

03/06/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name WELCH, COLETTE

Address 646 BUENOS

City-State-Zip: NORTH PORT FL 34287