2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736168

1. Entity Name

LA CASA DE LAKE WALES ASSOCIATION, INC.



FILED Feb 11, 2003 8:00 am Secretary of State 02-11-2003 90067 013 ****61.25

D. A. CASA ARK WALES FL 38898 S. 2. Principal Place of Business Suffe, Apl. 4, etc. Suite, Apl. 5, etc. CHECK HERE IF MAKING CHANGES Suffe, Apl. 4, etc. CHECK HERE IF MAKING CHANGES Suffe, Apl. 4, etc. CHECK HERE IF MAKING CHANGES City & State Check Here If MAKING CHANGES City & State Country Z/p Country S. Centificate of Status Desired \$8.75 Applicable 70 Country Z/p Country S. Centificate of Status Desired \$8.75 Applicable 6. Name and Address of Current Registered Agent Name MARTIN, CHERYL M CPA Street, Address (PO. Box Number is Not Acceptable a) 120 Check Here If MAKING CHANGES Applicable Sa.75 Appl								
Suite, Apt. 9. etc. Cure C	Principal Place of Business 0 LA CASA AKE WALES FL 33898 IS		10 LA CASA LAKE WALES FL 33898			8/48/4/48/8 14/8/48/48/4 8/10/		
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S. Certificate of Status Degree Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Nam	City & State	е	City & State		4. FEI Number 59-	1844680	— — —	
MARTIN, CHERYL M. CPA 19200 HWY 27 LAKE WALES FL 33853-2451 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar	Zip	Country	Zip	Country	5. Certificate of Sta	tus Desired		
MARTIN, CHERY M. CPA 19200 HWY 27 LAKE WALES FL 33853-2451 City FL Zip Code City		a standard of Curren	+ Boolstered Agent		7. Name and Addre	ess of New Registered	Agent	
19200 HWY 27 LAKE WALES FL 33853-2451 City FL Zip Code		6. Name and Address of Currer	It negistered Agent	Name				
6. 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. I am familiar with, and accept the obligations of registered agent. File Now: FEE IS \$61.25	19200 HV	NY 27		Street A	ddress (P.O. Box Number is No	ot Acceptable)		
SIGNATURE Signature Signa	LAKE WALES FL 33853-2451			City		FL	Zip Code	
SIGNATURE Signature Signa					and also and an extension in a	he State of Florida I am	familiar with	and accept
FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State Trust Fund Contribution. Added to Fees Florida Department of State Trust Fund Contribution. Added to Fees Florida Department of State Title PD	the obligat	tions of registered agent.	·					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the samplegal 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIR

02-06-2003

679-101