

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736168

**Entity Name:** LA CASA DE LAKE WALES ASSOCIATION, INC.**Current Principal Place of Business:**10 LA CASA  
LAKE WALES, FL 33898**Current Mailing Address:**10 LA CASA  
LAKE WALES, FL 33898**FEI Number:** 59-1844680**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOUTH MILHAUSEN, P.A.  
1000 LEGION PL STE 1200  
ORLANDO, FL 32801 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	TREASURER, DIRECTOR
Name	COKER, ROBERT L
Address	232 LA CASA
City-State-Zip:	LAKE WALES FL 33898

Title	PRESIDENT, DIRECTOR
Name	WHITMAN, EILEEN
Address	102 LA CASA
City-State-Zip:	LAKE WALES FL 33898

Title	SD
Name	COYNE, SUSAN
Address	133 LA CASA
City-State-Zip:	LAKE WALES FL 33898

Title	VD
Name	BRASWELL, JIM
Address	126 LA CASA
City-State-Zip:	LAKE WALES FL 33898

Title	VP, DIRECTOR
Name	RICHARDS, BARBARA
Address	103 LA CASA
City-State-Zip:	LAKE WALES FL 33898

*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:** EILEEN WHITMAN

PD

03/11/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date