

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007499

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: LA COCINA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1008 OCEANWOOD DRIVE NORTH  
NEPTUNE BEACH, FL 32266

**New Principal Place of Business:**

**Current Mailing Address:**

LIFESTYLES MANAGEMENT SERVICES  
P.O. BOX 50218  
JACKSONVILLE BEACH, FL 32240

**New Mailing Address:**

FLORIDA LIFESTYLES MANAGEMENT SERVICES  
P.O. BOX 50218  
JACKSONVILLE BEACH, FL 32240

FEI Number: 59-3650188

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FISHER, SHARON  
1008 OCEANWOOD DRIVE NORTH  
NEPTUNE BEACH, FL 32266 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MIBAH, CHARLES  
Address: 922 S FIRST ST 102  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: S ( ) Delete  
Name: MANASSE, GARY  
Address: 922 SOUTH FIRST STREET, # 302  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: T ( ) Delete  
Name: HAYES, JERRY  
Address: 922 S FIRST ST 401  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MIBAB, CHARLES  
Address: 922 S FIRST ST 102  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHARON FISHER

MGM

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date