

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007499

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** LA COCINA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

7400 BAYMEADOWS WAY  
SUITE 317  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

7400 BAYMEADOWS WAY  
SUITE 317  
JACKSONVILLE, FL 32256

**FEI Number:** 59-3650188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COMMUNITY MANAGEMENT CONCEPTS, INC.  
7400 BAYMEADOWS WAY  
SUITE 317  
JACKSONVILLE, FL 32256 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  
Name: FELDMAN, ERIC  
Address: 922 S FIRST ST 401  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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

Title: T  
Name: CLOUTIER, HARRIS  
Address: 922 S FIRST ST 402  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: MELODY GRIFFITH

LCAM

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date