

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

FILED
Jul 31, 2003 8:00 am
Secretary of State

0000470

DOCUMENT # **N02000007499**

1. Entity Name

LA COCINA CONDOMINIUM ASSOCIATION, INC.



07-31-2003 90071 024 ****61.25

Principal Place of Business

**5150 PALM VALLEY ROAD STE 200
PONTE VEDRA BEACH FL 32082**

Mailing Address

**5150 PALM VALLEY ROAD STE 200
PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business

920 Third St

Suite, Apt. #, etc.

C

City & State

Neptune Beach FL

Zip **32266**

Country **Duval**

3. Mailing Address

Parks Realty Services Inc

Suite, Apt. #, etc.

920 Third St Ste "C"

City & State

Neptune Beach FL

Zip **32266**

Country **Duval**



CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3650188

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PATTERSON, BOND & LATSHAW, P.A.
3610 SOUTH THIRD STREET
JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

Name **Frances C Parks**
Street Address (P.O. Box Number is Not Acceptable)
920 Third St Ste "C"
City **Neptune Beach** FL Zip Code **32266**

8. 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.

SIGNATURE

Frances C Parks **FRANCES C PARKS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/28/03

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ZYSKI, JERRY 5150 PALM VALLEY ROAD STE 200 PONTE VEDRA BEACH FL 32082	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZYSKI, NANCY 5150 PALM VALLEY ROAD STE 200 PONTE VEDRA BEACH FL 32082	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, J. ROBERT 5150 PALM VALLEY ROAD STE 200 PONTE VEDRA BEACH FL 32082	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Karen Thomas, Pres 900 Third St Suite C Neptune Beach FL 32266	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kelly George Sec+Treas 920 Third St Ste C Neptune Beach FL 32266	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gary Lane, Director 920 Third St Ste C Neptune Beach FL 32266	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Frances C Parks **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/03 **904-249-2322**

Date Daytime Phone #

CR2E037 (4/03)