

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
Aug 15 1996 8:00 am  
Secretary of State

**DOCUMENT #** 1995000000769  
1. Corporation Name  
Las Aldeas Condominium Association, Inc

Principal Place of Business Mailing Address  
350 South County Road Suite 206  
Palm Beach, FL 33480

65-0671733

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21	<u>350 South County Rd.</u>	26		<u>2/14/95</u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		<u>Applied for</u>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23	<u>Palm Beach, FL</u>	28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip <u>33480</u>	25	Country <u>U.S.A.</u>	29	Zip	30	Country
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
<u>Richard J. Danton</u>				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<u>350 South County Road</u>							
<u>Suite 206</u>							
<u>Palm Beach, FL 33480</u>							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<u>Richard J. Danton</u>				81 Name			
<u>350 South County Road</u>				82 Street Address (P.O. Box Number is Not Acceptable)			
<u>Suite 206</u>				83			
<u>Palm Beach, FL 33480</u>				84 City			
				85 Zip Code <u>FL</u>			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <u>DIRECTOR</u>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>RICHARD J. DANTON</u>		1.2 NAME	
STREET ADDRESS <u>350 South County Rd Ste 206</u>		1.3 STREET ADDRESS	
CITY-ST-ZIP <u>Palm Beach, FL 33480</u>		1.4 CITY-ST-ZIP	
TITLE <u>DIRECTOR</u>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>DORSEY B DANTON</u>		2.2 NAME	
STREET ADDRESS <u>350 South County Road</u>		2.3 STREET ADDRESS	
CITY-ST-ZIP <u>Palm Beach, FL 33480</u>		2.4 CITY-ST-ZIP	
TITLE <u>DIRECTOR</u>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>JOHN GRANT</u>		3.2 NAME	
STREET ADDRESS <u>411 AUSTRALIAN AVE.</u>		3.3 STREET ADDRESS	
CITY-ST-ZIP <u>Palm Beach, FL 33480</u>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: RICHARD J. DANTON MAY 23, 1996 407-86-0024  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

FL32380F