

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90040 039 \*\*\*\*61.25

**DOCUMENT # N95000000769**

1. Entity Name

**LAS ALDEAS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

407 AUSTRALIAN AVE  
 PALM BEACH FL 33480  
 US

C/O KUNST PROPERTY SVCS INC.  
 3705 S. FLAGLER DRIVE #5  
 WEST PALM BEACH FL 33405-2349

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0671733**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KUNST, JOHAN**  
**KUNST PROPERTY SERVICES, INC.**  
**3705 S. FLAGLER DRIVE #5**  
**WEST PALM BEACH FL 33405**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

*Johan Kunst, Manager*  
 Signature of registered agent or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

*3/15/00*  
 DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | PD                  | <input type="checkbox"/> Delete |
| NAME           | SMITH, MATTHEW K    |                                 |
| STREET ADDRESS | 407 AUSTRALIAN AVE  |                                 |
| CITY-ST-ZIP    | PALM BEACH FL 33480 |                                 |
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | SUMMERS, MICHAEL    |                                 |
| STREET ADDRESS | 411 AUSTRALIAN AVE  |                                 |
| CITY-ST-ZIP    | PALM BEACH FL 33480 |                                 |
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | SMITH, TRACY        |                                 |
| STREET ADDRESS | 407 AUSTRALIAN AVE  |                                 |
| CITY-ST-ZIP    | PALM BEACH FL 33480 |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | PD                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | MATTHEW K. SMITH      |  |
| STREET ADDRESS | 407 AUSTRALIAN AV     |  |
| CITY-ST-ZIP    | PALM BEACH FL 33480   |  |
| TITLE          | TD                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | SUMMERS, MICHAEL      |  |
| STREET ADDRESS | 411 AUSTRALIAN AVE    |  |
| CITY-ST-ZIP    | PALM BEACH FL 33480   |  |
| TITLE          | SD                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | SMITH, TRACY          |  |
| STREET ADDRESS | 407 AUSTRALIAN AVE    |  |
| CITY-ST-ZIP    | PALM BEACH, FL 33480  |  |
| TITLE          | VD                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | LORENTZEN, MATTHEW B  |  |
| STREET ADDRESS | 2621 SECOND AV # 1505 |  |
| CITY-ST-ZIP    | SEATTLE, WA 98121     |  |
| TITLE          | VD                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | SUMMERS, MARCIE       |  |
| STREET ADDRESS | 411 AUSTRALIAN AV     |  |
| CITY-ST-ZIP    | PALM BEACH, FL 33480  |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |

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:

*Matthew K. Smith*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/15/00 (561) 683 5050 x119*  
 Date Daytime Phone #

CF - 0017 (MARR)