

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90019 029 \*\*\*\*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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

38

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 # 58**  
**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

3/11/02

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

(NOTE: Registered agent signature required when reinstating)

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  Delete  
 NAME VAN DER HEIDE, DOUGLAS J  
 STREET ADDRESS 10 EAST 85TH ST #3D  
 CITY-ST-ZIP NEW YORK NY 10028

TITLE PD  Change  Addition  
 NAME GAYNOR, SUSAN  
 STREET ADDRESS 5815 GRAVES LAKE DRIVE  
 CITY-ST-ZIP CINCINNATI OH 45243

TITLE TD  Delete  
 NAME GAYNOR, VERE  
 STREET ADDRESS 5815 GRAVES LAKE DRIVE  
 CITY-ST-ZIP CINCINNATI OH 45243

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD  Delete  
 NAME VAN DER HEIDE, RUTH  
 STREET ADDRESS 10 EAST 85TH ST #3D  
 CITY-ST-ZIP NEW YORK NY 10028

TITLE SD  Change  Addition  
 NAME STEVENSON, MARY ELIZABETH  
 STREET ADDRESS 407 AUSTRALIAN AVE  
 CITY-ST-ZIP PALM BEACH FL 33480

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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.

h.513 561 7673

SIGNATURE:

*Susan Gaynor*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Gaynor, President Director

3/7/02

Date

Daytime Phone #

CR2E037 (9/01)