

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 19, 2004 8:00 am Secretary of State


04-19-2004 90277 038 \*\*\*\*61.25

<b>DOCUMENT # N95000000769</b>				
1. Entity Name: <b>LAS ALDEAS CONDOMINIUM ASSOCIATION, INC.</b>				
Principal Place of Business <b>ROLAND FREESE 411 AUSTRALIAN AVE PALM BEACH, FL 33480-4526 US</b>		Mailing Address <b>ROLAND FREESE 411 AUSTRALIAN AVE PALM BEACH, FL 33480-4526 US</b>		
II. Principal Place of Business		III. Mailing Address		
Sure. Apt. #, etc:		Sure. Apt. #, etc:		
City & State		City & State		
Zip	Country	Zip	Country	
4. FEI Number <b>65-0871733</b>		Approved For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>KUNST, JOHAN KUNST PROPERTY SERVICES, INC. 3705 S FLAGLER DR 38 WEST PALM BEACH, FL 33405</b>		7. Name and Address of New Registered Agent Name: <b>ROLAND FREESE</b> Street Address (P.O. Box Number is Not Acceptable): <b>411 AUSTRALIAN AVE</b> City: <b>PALM BEACH FL 33480</b>		
8. The above named entity submits the 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: _____ (Signature of registered agent and not applicable) (NOTE: Registered Agent signature required when renounced) DATE: _____				
Filing Fee is <b>\$81.25</b> Due by <b>May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
Main check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD GAYNOR, VERE 6015 GRAVES LAKE DRIVE CINCINNATI, OH 45243	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RD GAYNOR, SUSAN 6015 GRAVES LAKE DR CINCINNATI, OH 45243	<input checked="" type="checkbox"/> Delete	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	RD STEVENSON, MARY E 407 AUSTRALIAN AVE PALM BEACH, FL 33480	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		<input type="checkbox"/> Delete	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete		<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 18.07(2)(c), 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 prepare this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with proper fee empowered.				
SIGNATURE: _____		Date: <b>APR 1 2004</b>		



Attachment

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N95000000769</b>					
<b>1. Entity Name</b> LAS ALDEAS CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> ROLAND FREESE 411 AUSTRALIAN AVE PALM BEACH, FL 33480-4526 US			<b>Mailing Address</b> ROLAND FREESE 411 AUSTRALIAN AVE PALM BEACH, FL 33480-4526 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03102004 Chg-NP CR2E037 (10/03)	
Zip		Country		<b>4. FEI Number</b> 65-0671733	
				Applied For Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
KUNST, JOHAN KUNST PROPERTY SERVICES, INC. 3705 S FLAGLER DR 38 WEST PALM BEACH, FL 33405			Name <u>ROLAND FREESE</u> Street Address (P.O. Box Number is Not Acceptable) <u>411 AUSTRALIAN AVE</u> City <u>PALM BEACH</u> <u>FL</u> Zip Code <u>33480</u>		
<b>8.</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GAYNOR, VERE 5815 GRAVES LAKE DRIVE CINCINNATI, OH 45243 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAYNOR, SUSAN 5815 GRAVES LAKE DR CINCINNATI, OH 45243 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUSAN GAYNOR 1055 CELESTIAL STREET CINCINNATI, OH 45202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEVENSON, MARY E 407 AUSTRALIAN AVE PALM BEACH, FL 33480 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12.</b> 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: _____ Date _____ Daytime Phone # _____					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					