## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 20, 2005 8:00 am Secretary of State

04-20-2005 90359 048 \*\*\*\*70 00

Pincipal Place of Business ROLAND FREES ROLAND FREES ROLAND FREES ROLAND FREES ROLAND FREES ROLAND ROLL READ FREE ROLAND FREES ROLAND ROLL READ FREE ROLL READ FREE ROLAND ROLL READ FREE ROLL READ	DOCUMENT # N9500000769  1. Entity Name LAS ALDEAS CONDOMINIUM ASSOCIATION, INC.									04-20-200	13 90339	U48 *****/I	0.00
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   Suite   S	ROLAND FREESE ROL 411 AUSTRALIAN AVE 411				OLAND FREESE 11 Australian ave			:			· [[]][][][][][][][][][][][][][][][][][]	06111 (2016 Della (21	153 
City & State  Ci	2. Principal Place of Business 3. M			3. Mai	Mailing Address						<b>18</b> 14 <b>11</b> 11 <b>11</b> 11 1		
Country   Zp   Country   Zp   Country   S. Conflicate of Status Desired   St. Activitional   St. Activitio	Suite, Apt. #, etc.			Şu	Suite, Apt. #, etc.				02152005	Chg-NP	CR2E	037 (10/03)	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name Social Leaves of New Registered Agent  Name Social Lea	City & State			Cit	City & State				05 0074700				
FREESE, ROLAND 411 AUSTRALIAN AVE. PALM BEACH, FL 33480  8. The above named entity submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Florida. I am lamilar with, and accept the obligations of registered agent and state facebase.    City   Calum   Calum   Search   FL   2500   80	Zip		Country	Zip	p 	Cou	untry					Fee Required	
Street Agriess (P.O. Box Number is Not Acceptable)  City Caum Beach FL 20,000 80  The above named entity submits this statement for the purpose of changing its registered office or registered agent.  FL 20,000 80  Signature Signature of registered agent and liber flequicable. (NOTE Registered Agent speaker recirculary)  Filling Fee is \$61.25  Due by May 1, 2005  Porticers AND DIRECTORS  9. Election Campaign Financing Trust Fund Contribution. Addition For State Directors in 10.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  ITILE PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  TITLE SO STEVENSON, MARY E SITEST ADDRESS OITY SI-7P  PALM BEACH, FL 33480  Debte 111.  SITEST ADDRESS OITY SI-7P  PALM BEACH, FL 33480  Debte 111.  Debte 111.  Debte 111.  STEET ADDRESS OITY SI-7P  PALM BEACH, FL 33480  Debte 111.  Debte 111.  Debte 111.  Debte 111.  STEET ADDRESS OITY SI-7P  TITLE NAME  SITEST ADDRESS OITY SI-7P  Debte 111.  Debte 11		6. Name	and Address of Curr	ent Registere	ed Agent						Registered	Agent	
Sireel Agriss (P.O. Dox Number is Not Acceptable)  City Caum Beach FL 23,3480  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.  FILE 25,350 80  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 Provide. I am familiar with, and accept the obligations of registered agent and size if expectable.  FILING Foe is \$61.25  Due by May 1, 2005  9. Election Campaign Financing Trust Fund Contribution.   Addition Foots  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITIE  ONA  CAYNOR, SUSAN  SIREST ADDRESS  CITY S1-79  NAME  SIREST ADDRESS  CITY S1-79  PALM BEACH, FL 33480  Detect  ITIE  NAME  SIREST ADDRESS  CITY S1-79  Detect  ITIE  NAME  SIREST	EDEEGE I						Name	Sona-	than M	vec,			
Eity CALM Beach FL 25 350 80  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.    City CALM Beach FL 25 350 80   Ci	411 AUSTI	RALIAN A			Street Address			ddress (F	(P.O. Box Number is Not Acceptable)				
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  FILING Fee is \$81.25  Due by May 1, 2005  Public Porticers AND DIRECTORS  11. Added to Fees  FORTH ADDRESS OF FORTH ADDRESS TO DEFICERS AND DIRECTORS IN 10  ITILE  AVAILABLE ON THE PORTH ADDRESS TO DEFICERS AND DIRECTORS IN 10  THE SO DESTREAT ADDRESS OITY-SI-ZP  CITY-SI-ZP  FILING PORTH ADDRESS TO DEFICERS AND DIRECTORS IN 10  THE SO DEBET ADDRESS OITY-SI-ZP  FORTH ADDRESS OITY-SI-ZP  FILING PORTH ADDRESS TO DEFICERS AND DIRECTORS IN 10  THE SO DEBET ADDRESS OITY-SI-ZP  FILING PORTH ADDRESS TO DEFICERS AND DIRECTORS IN 10  THE SO DEBET ADDRESS OITY-SI-ZP  FILING PORTH ADDRESS OITY-SI		,					City	0.				Zin Code	<u> </u>
SIGNATURE    Signature   Signa	·						City	1 Acu	n Bese	. لم	Fi	L   1330	780
Trust Fund Contribution. Added to Fees Fioritab Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. ITILE ACCIONATI, OH 45202 ITILE STEVE ADDRESS CITY-S1-2P C					• •	Ť		•	_		./-	/ _	·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIGNATURE.	Signature typed	or printed name of registered a	gent and title if app	plicable. (NC	TE: Registere	ed Agent signat.	ure required	when reinstating)		4/8/ DATE	05_	
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12. 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 is recently experted probability that the information and that the second exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the same second exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the same second exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the same second exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the same second exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the same second exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the same second exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the same second exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certified the same second exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certified the same second exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certified the same second exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certified the same second exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certified the same second exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certified the same second exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certified the same second exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certified the same second exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certified the same second exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certified the same second exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certified the same second exemption	10.  IITLE NAME STREET ADORESS CITY-ST-ZIP  TITLE NAME STREET ADORESS	PD GAYNOR 1055 CEL CINCINN. SD STEVENS 407 AUST	OFFICERS AND		9. Election Contrast Fund  Delete  Delete  Delete	ampaign F Contribute  11.  TITLE NAM STRE CITY	E  EEET ADDRESS (-ST-ZIP)  E  EEET ADDRESS	P   700	\$5.00 May Be Added to Fees DDITIONS/CHA 14 + ha n 3 AUS+14 + hun Bean D	Morris Morris Mar Av	CERS AND C	Introduction of State	Addition  Addition  Addition

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:

NO THED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/05- 54

561379 275

Daytime Phone #