

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000769

FILED  
Mar 15, 2010  
Secretary of State

**Entity Name:** LAS ALDEAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

120 SO. OLIVE AVE.  
#209  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

120 SO. OLIVE AVE.  
#209  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

**FEI Number:** 65-0671733      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HALLETT, RICHARD  
120 SO. OLIVE AVE.  
#209  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HOLDER, CAROLYN A  
Address: 407 AUSTRALIAN AVE  
City-St-Zip: PALM BEACH, FL 33480

Title: STD  
Name: MESTANUS, NICOLE  
Address: 403 AUSTRALIAN AVE  
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROLYN HOLDER

PD

03/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date