

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000624

Entity Name: LAS CALINAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O FIRST COAST ASSOCIATION MANAGEMENT LLC
11555 CENTRAL PARKWAY SUITE 801
JACKSONVILLE, FL 32224

Current Mailing Address:

C/O FIRST COAST ASSOCIATION MANAGEMENT LLC
11555 CENTRAL PARKWAY SUITE 801
JACKSONVILLE, FL 32224

FEI Number: 20-8862465

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FIRST COAST ASSOCIATION MANAGEMENT LLC
11555 CENTRAL PARKWAY SUITE 801
JACKSONVILLE, FL 32224 US

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

Officer/Director Detail :

Title DP
Name HISSAM, JAMES
Address 11555 CENTRAL PARKWAY SUITE 801
City-State-Zip: JACKSONVILLE FL 32224

Title DVP
Name WHITE, JOHN FJR
Address 11555 CENTRAL PARKWAY SUITE 801
City-State-Zip: JACKSONVILLE FL 32224

Title DST
Name LEDET, PAM
Address 11555 CENTRAL PARKWAY SUITE 801
City-State-Zip: JACKSONVILLE FL 32224

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: JAMES HISSAM

DP

02/20/2015

Electronic Signature of Signing Officer/Director Detail

Date