


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90085 048 ****61.25

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|--|--|--|---|---|--|
| DOCUMENT # 731538 1. Entity Name LAS PALMAS CONDOMINIUM ASSOCIATION OF VENICE, INC. | | | |  | |
| Principal Place of Business 519 ALBEE FARM RD. VENICE, FL 34292 | | | Mailing Address 181 CENTER RD VENICE, FL 34285 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address 519 ALBEE FARM RD Suite, Apt. #, etc. | | | |
| City & State Zip | | City & State VENICE FL Zip 34285 | | Country USA | |
| 4. FEI Number 59-1978250 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ARGUS MANAGEMENT 153 CENTE ROAD VENICE, FL 34285 | | | 7. Name and Address of New Registered Agent Name SANDI RAASCH Anne Skinner's Tax & Bkpg 333 Tamiami Trail S, Ste 257 Venice FL 34285 Zip Code | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent and accepting the obligations of registered agent. | | | | | |
| SIGNATURE <i>Sandi Raasch</i> <small>Signature typed or printed name of registered agent and title if applicable.</small> | | SANDI RAASCH <small>(NOTE: Registered Agent signature required when reinstating)</small> | | 4/23/08 <small>DATE</small> | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CARCAPPOLLO, VITO 519 ALBEE FARM RD VENICE, FL 34292 | <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 | S LEFEVER, WILAMAE 519 ALBEE FARM RD. VENICE, FL 34292 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SAMEE, STEPHEN 519 ALBEE FARM RD VENICE FL 34285 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ROWE, GARY 519 ALBEE FARM RD. VENICE, FL 34292 | <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 | T PATTERSON, LENA 519 ALBEE FARM RD VENICE, FL 34285 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ZATARQA, THERESA 519 ALBEE FARM RD VENICE FL 34285 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DAVIS, JEANETTE 519 ALBEE FARM RD VENICE FL 34285 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Vito Carcappolo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | VITO CARCAPPOLLO <small>Date</small> 4-24 <small>Daytime Phone #</small> | | | |