

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731538

FILED
Apr 20, 2009
Secretary of State

Entity Name: LAS PALMAS CONDOMINIUM ASSOCIATION OF VENICE, INC.

Current Principal Place of Business:

519 ALBEE FARM RD.
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

519 ALBEE FARM RD
VENICE, FL 34285

New Mailing Address:

FEI Number: 59-1978250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAASCH, SANDI
333 TAMiami TRAIL S STE 257
VENICE, FL 34285 US

Name and Address of New Registered Agent:

RAASCH, SANDI EA
333 TAMiami TRAIL S STE 257
VENICE, FL 34285 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: SANDI RAASCH

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: CARCAPPOLLO, VITO
Address: 519 ALBEE FARM RD
City-St-Zip: VENICE, FL 34292

Title: PD () Delete
Name: ROWE, GARY
Address: 519 ALBEE FARM RD.
City-St-Zip: VENICE, FL 34292

Title: S () Delete
Name: AMEE, STEPHEN
Address: 519 ALBEE FARM RD
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: ZATARGA, THERESA
Address: 519 ALBEE FARM RD
City-St-Zip: VENICE, FL 34285

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SARGENT, MABEL
Address: 519 ALBEE FARM RD
City-St-Zip: VENICE, FL 34285

Title: D () Change (X) Addition
Name: LEFEVER, WILAMAE
Address: 519 ALBEE FARM RD
City-St-Zip: VENICE, FL 34285

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SANDI RAASCH

EA

04/20/2009

Electronic Signature of Signing Officer or Director

Date