

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Aug 10, 1999 8:00 am**  
**Secretary of State**

08-10-1999 90011 042 \*\*\*\*61.25

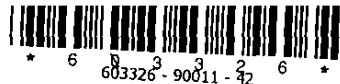
**DOCUMENT # 766670**

1. Corporation Name

**LAS PALMAS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
% LUIS A. PARRA, SUITE 7  
3517 PEELER ROAD #7  
JACKSONVILLE FL 32277-2490

Mailing Address  
% LUIS A. PARRA, SUITE 7  
3517 PEELER ROAD #7  
JACKSONVILLE FL 32277-2490



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/24/1983	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2717927	
24 Country		29 Country		30	
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PARRA, LUIS A  
3517 PEELER ROAD #7  
JACKSONVILLE FL 32277-2490

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	PARRA, LUIS	1.2 NAME	
STREET ADDRESS	3517 PEELER RD #7	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277-2490	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	BARRON, MIKE	2.2 NAME	
STREET ADDRESS	3517 PEELER RD #8	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277-2490	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	MANGRUM, DONNIE	3.2 NAME	
STREET ADDRESS	3517 PEELER RD #12	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277-2490	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	GADISON, JULIETTE	4.2 NAME	
STREET ADDRESS	3517 PEELER RD. #16	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277-2490	4.4 CITY-ST-ZIP	
TITLE	TS	5.1 TITLE	
NAME	HICKS, MILDRED	5.2 NAME	
STREET ADDRESS	3517 PEELER RD. #9	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277-2490	5.4 CITY-ST-ZIP	
TITLE	TS	6.1 TITLE	
NAME	AGUILAR, ED F	6.2 NAME	
STREET ADDRESS	3357 DEBUSSY RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277	6.4 CITY-ST-ZIP	

14. I 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 indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #