

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766670

1. Entity Name

LAS PALMAS CONDOMINIUM ASSOCIATION, INC. ✓

FILED

Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90010 009 ****61.25

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2717927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARRA, LUIS A
3517 PEELER ROAD #7
JACKSONVILLE FL 32277-2490

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME PARRA, LUIS
STREET ADDRESS 3517 PEELER RD #7
CITY-ST-ZIP JACKSONVILLE FL 32277-2490

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME BARRON, MIKE
STREET ADDRESS 3517 PEELER RD #8
CITY-ST-ZIP JACKSONVILLE FL 32277-2490

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME MANGRUM, DONNIE
STREET ADDRESS 3517 PEELER RD #12
CITY-ST-ZIP JACKSONVILLE FL 32277-2490

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME GADISON, JULIETTE
STREET ADDRESS 3517 PEELER RD. #16
CITY-ST-ZIP JACKSONVILLE FL 32277-2490

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TS ☐ Delete
NAME HICKS, MILDRED
STREET ADDRESS 3517 PEELER RD. #9
CITY-ST-ZIP JACKSONVILLE FL 32277-2490

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TS ☐ Delete
NAME AGUILAR, ED F
STREET ADDRESS 3357 DEBUSSY RD.
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/11/2000 904-743-7412

CR2E037 (9/99)