

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766670

1. Entity Name

LAS PALMAS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90048 010 \*\*\*\*61.25

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

00010842



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*Donnie Mangrum*  
Suite, Apt. #, etc.  
#12

3. Mailing Address

*Donnie Mangrum*  
Suite, Apt. #, etc.  
#12

City & State

*Jacksonville, FL*  
Zip  
32277 Country  
USA

City & State

*Jacksonville, FL*  
Zip  
32277 Country  
USA

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

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

7. Name and Address of New Registered Agent

Name  
*Donnie Mangrum*  
Street Address (P.O. Box Numbers Not Acceptable)  
*3517 Peeler Rd.*  
*#12*  
City  
*Jacksonville, FL* Zip Code  
*32277*

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 *Donnie Mangrum, Treasurer*

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

(NOTE: Registered Agent signature required when reinstating)

*1/12/01*  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARRA, LUIS 3517 PEELER RD #7 JACKSONVILLE FL 32277-2490	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARRON, MIKE 3517 PEELER RD #8 JACKSONVILLE FL 32277-2490	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MANGRUM, DONNIE 3517 PEELER RD #12 JACKSONVILLE FL 32277-2490	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GADISON, JULIETTE 3517 PEELER RD. #16 JACKSONVILLE FL 32277-2490	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS HICKS, MILDRED 3517 PEELER RD. #9 JACKSONVILLE FL 32277-2490	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS AGUILAR, ED F 3357 DEBUSSY RD. JACKSONVILLE FL 32277	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

*Donnie Mangrum*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/12/01* *904-744-7307*  
Date Daytime Phone #

CR2E037 (10/00)