


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90093 033 ****61.25

DOCUMENT # N02000004493

1. Entity Name
LAS PALMAS AT JACKSONVILLE BEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1300 GREENRIDGE ROAD
 JACKSONVILLE, FL 32207**

Mailing Address
**1300 GREENRIDGE ROAD
 JACKSONVILLE, FL 32207**



2. Principal Place of Business
214-B 6th Ave. S.

3. Mailing Address
214-B 6th Ave. S.

Suite, Apt. #, etc.
B

01192005 Chg-NP CR2E037 (10/03)

City & State
Jacksonville Beach, FL

City & State
Jacksonville Beach, FL

Zip
32250

Country

4. FEI Number
56-2281822

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, JOANNA C
 1300 GREENRIDGE ROAD
 JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent

Name **Christopher Cenci**

Street Address (P.O. Box Number is Not Acceptable)
214-B 6th Ave. S.

City **Jacksonville Beach FL** Zip Code **32250**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Christopher Cenci* **Christopher Cenci** DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$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	D RODRIGUEZ, JOANNA C 1300 GREENRIDGE ROAD JACKSONVILLE, FL 32207 <input checked="" 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	D RODRIGUEZ, ALBERT F 1300 GREENRIDGE ROAD JACKSONVILLE, FL 32207 <input checked="" 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	D CENCI, CHRIS 214 SIXTH AVENUE SOUTH APT. # JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: *Christopher Cenci* **Christopher Cenci** 1-20-05 (904) 294-0695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #