2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N03000001041 03-03-2006 90101 042 ****61.25 LAS PALMAS TOWNHOMES OWNERS' ASSOCIATION, Principal Place of Business Mailing Address 4014 GUNN HWY., STE 260 4131 GUNN HWY 40023230 **TAMPA, FL 33618** TAMPA, FL 33618 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01142006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number 20-0362721 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Francis E Friscia, Esq JOHNSON: LEONARD H-Street Address (P.Q. Box Number is Not Acceptable) Melrose & Friscia, PA 37837 MERIDIAN AVENUE SUITE 314 DADE-CITY, FL 33525 500 N Westshore Blvd, Ste 830 33669 Tampa 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Que by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition MOBLEY, TIMOTHY F NAME NAME STREET ADDRESS 4014 GUNN HWY., STE 260 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33618 CITY-ST-7IP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME MOBLEY, MAUREEN NAME 4014 GUNN HWY., STE 260 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33618 CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition MILE GOODMAN, JAMIE NAME NAME STREET ADDRESS 4014 GUNN HWY., STE 260 STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33618** CITY-ST-ZIP ☐ Change MILE ☐ Delete MILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITE F Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. Job 24,06 SIGNATURE:

FILED

Mar 03, 2006 8:00 am