2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2009
Secretary of State

DOCUMENT# N03000001041

Entity Name: LAS PALMAS TOWNHOMES OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4014 GUNN HWY., STE 260
TAMPA, FL 33618

New Principal Place of Business:

16105 N. FLORIDA
A
LUTZ, FL 33549

Current Mailing Address:

C/O WISE PROP MGMT.
16105 N. FLORIDA #A
LUTZ, FL 33549

New Mailing Address:

FEI Number: 59-3668246 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MELROSE & FRISCIA, PA
500 N WESTSHORE BLVD, STE 830
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCKITCHEN, KATHLEEN
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: VD ( ) Delete
Name: DAVILA, SALVADOR
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: SD ( ) Delete
Name: TRINDLE, STEVEN
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: TD (X) Delete
Name: WEIL, KIRK
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VSD (X) Change ( ) Addition
Name: DAVILA, SALVADOR
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: TD (X) Change ( ) Addition
Name: WEIL, KIRK
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN MCKITCHEN PRES 03/08/2009

Electronic Signature of Signing Officer or Director — Date