

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90207 025 ****61.25

DOCUMENT # N03000004876 1. Entity Name LAS PALMAS PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 1914 ART MUSEUM DR JACKSONVILLE, FL 32207		Mailing Address 1914 ART MUSEUM DR JACKSONVILLE, FL 32207	
2. Principal Place of Business 1633 E. Vine St. Suite, Apt. #, etc. STE 110 City & State Kissimmee, FL Zip 34744 Country OSCEOLA		3. Mailing Address 1633 E. Vine St. Suite, Apt. #, etc. STE 110 City & State Kissimmee FL Zip 34744 Country OSCEOLA	
4. FEI Number 20-0038115		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PYBURN, WILLIAM T 1914 ART MUSEUM DR JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name LELAND Management Street Address (P.O. Box Number is Not Acceptable) 1633 E. Vine St Ste 110 City Kissimmee 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP SHEA, TIMOTHY G 4315 PABLO OAKS CT JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT BRAREN, MICHAEL E 4315 PABLO OAKS CT JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete	DP GLENN R. LAYTON 4540 SOUTHWIDE BLVD #202 JAX, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HARDIN, JENNIFER 4315 PABLO OAKS CT JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete	DVT LINDA MATHIS 4540 SOUTHWIDE BLVD #202 JAX FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	DS ERINIE SANTERIO 117 SUGAR IRON CT. PUNTA VERDE BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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 or other like empowered.			
SIGNATURE:		Date 5-1-04 Daytime Phone # 642-1344	