2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007
Secretary of State

DOCUMENT# N03000004876

Entity Name: LAS PALMAS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8009 S ORANGE AVENUE
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

8009 S ORANGE AVENUE
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 20-0038115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
8009 S ORANGE AVENUE
ORLANDO, FL 32809 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: LAYTON, GLENN R
Address: 4540 SOUTHSIDE BLVD., #202
City-St-Zip: JACKSONVILLE, FL 32216

Title: VTD ( ) Delete
Name: WILSON, CORI
Address: 4540 SOUTHSIDE BLVD., #202
City-St-Zip: JACKSONVILLE, FL 32216

Title: SD ( ) Delete
Name: LINDER, JERRY
Address: 4540 SOUTHSIDE BLVD., #202
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BRULL, DR SORIN
Address: 101 SABILL PALM DR
City-St-Zip: PONTE VEDRA, FL 32082

Title: VPD (X) Change ( ) Addition
Name: REEVES, DAVID
Address: 128 SAWBILL PALM DRIVE
City-St-Zip: PONTE VEDRA, FL 32082

Title: STD (X) Change ( ) Addition
Name: ROTELLA, MICHAEL
Address: 604 SAWBILL PALM DRIVE
City-St-Zip: PONTE VEDRA, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. SORIN BRULL PD 04/05/2007

Electronic Signature of Signing Officer or Director — Date