2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N03000004876

Entity Name: LAS PALMAS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5955 TG LEE BLVD, SUITE 300
ORLANDO, FL 328224457

New Principal Place of Business:

920 THIRD STREET
SUITE B
JACKSONVILLE, FL 32266

Current Mailing Address:

5955 T.G. LEE BLVD, SUITE 300
ORLANDO, FL 328224457

New Mailing Address:

920 THIRD STREET
SUITE B
JACKSONVILLE, FL 32266

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
5955 TG LEE BLVD, SUITE 300
ORLANDO, FL 328224457 US

Name and Address of New Registered Agent:

WALLACE, L DENISE
920 THIRD STREET
SUITE B
JACKSONVILLE, FL 32266 US

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: L. DENISE WALLACE 04/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPSD ( ) Delete
Name: JOYNER, SUZANNE
Address: 140 SAWBILL PALM DR
City-St-Zip: PONTE VEDRA, FL 32082

Title: PD ( ) Delete
Name: REEVES, DAVID
Address: 128 SAWBILL PALM DRIVE
City-St-Zip: PONTE VEDRA, FL 32082

Title: TD ( ) Delete
Name: ROTELLA, MICHAEL
Address: 604 SAWBILL PALM DRIVE
City-St-Zip: PONTE VEDRA, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change ( ) Addition
Name: ROTELLA, MICHAEL
Address: 164 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 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: L. DENISE WALLACE RA 04/13/2009
Electronic Signature of Signing Officer or Director Date