


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # N04000002780 1. Entity Name LAS PALMAS HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 151 REGIONS WAY SUITE 1-C DESTIN, FL 32541 US	Mailing Address 151 REGIONS WAY SUITE 1-C DESTIN, FL 32541 US
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**DO NOT WRITE IN THIS SPACE**



04042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0873323	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DOLPHIN DEVELOPER, LLC  
74 MARLIN ST  
SANTA ROSA BEACH, FL 32459

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IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$81.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KING, BRUCE 380 WALTON ROSE LANE INLET BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELDER, SHELLY 1558 RIDENOUR PKWY N.W. KENNESAW, GA 30152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MANTHEY, ELAINE 1476 EMERALD BAY DR DESTIN, FL 32541
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/18/07-80031-021 61.25

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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.

SIGNATURE: *Alan Breen* Date: 4-5-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #