

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002780

FILED
Mar 29, 2009
Secretary of State

Entity Name: LAS PALMAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

61 LAS PALMAS WAY
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 4762
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 20-0873323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOLPHIN DEVELOPERS, LLC
5008 HWY 98 WEST
SUITE 2B
SANTA ROSA BEACH, FL 32459 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: P () Delete
Name: WICKEY, GEORGE
Address: 22 LAS PALMAS WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: S () Delete
Name: ELDER, SHELLY
Address: 1558 RIDENOUR PKWY N.W.
City-St-Zip: KENNESAW, GA 30152 US

Title: T () Delete
Name: SCHELLHASE, DEAN
Address: 16412 SPANISH OAKS BLVD
City-St-Zip: PRAIREVILLE, LA 70769 US

Title: D (X) Delete
Name: POLK, SAM
Address: 380 WALTON ROSE LANE
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

Title: D (X) Delete
Name: JOHNSON, LEE
Address: P.O. BOX 7186
City-St-Zip: RAINBOW CITY, AL 35906 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: GILMORE, LAURA
Address: 57 LAS PALMAS WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

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

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

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: ALAN BRUNI

MGR

03/29/2009

Electronic Signature of Signing Officer or Director

Date