

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90112 004 \*\*\*\*61.25

40004995



01102007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N04000009035</b>					
1. Entity Name LAS PALMAS ON THE INTRACOASTAL CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1090 BELLA VISTA BV SAINT AUGUSTINE, FL 32084			Mailing Address 1090 BELLA VISTA BV SAINT AUGUSTINE, FL 32084		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1839929	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  JACOBS, JACOBS & ASSOCIATES, INC. 461 A1A BEACH BV SUITE 201 SAINT AUGUSTINE, FL 32080			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLD, M		NAME		
STREET ADDRESS	1090 BELLA VISTA BV		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MADDELONA, R		NAME		
STREET ADDRESS	1090 BELLA VISTA BV		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FILIPKOWSKI, R		NAME	Judice, Charles	
STREET ADDRESS	1090 BELLA VISTA BV		STREET ADDRESS	1011 Bella Vista Blvd #103	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP	St Augustine, FL 32095	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEMEROTO, T		NAME		
STREET ADDRESS	1090 BELLA VISTA BLVS		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEALON, D		NAME		
STREET ADDRESS	1090 BELLA VISTA BV		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Schneider, Edward	
STREET ADDRESS			STREET ADDRESS	9277 Holly Lane	
CITY-ST-ZIP			CITY-ST-ZIP	St Augustine, FL 32080	
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 persons empowered.					
SIGNATURE: <u>Terry Demeroto</u> Sec <u>1/17/07</u> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					