2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N04000009035

Entity Name: LAS PALMAS ON THE INTRACOASTAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1090 BELLA VISTA BV
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

1090 BELLA VISTA BV
SAINT AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 20-1839929 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBS, JACOBS & ASSOCIATES, INC.
461 A1A BEACH BV SUITE 201
SAINT AUGUSTINE, FL 32080 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: MADDELONA, R
Address: 1090 BELLA VISTA BV
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: SD ( ) Delete
Name: DEMEROTO, T
Address: 1090 BELLA VISTA BLVS
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D ( ) Delete
Name: NEALON, D
Address: 1090 BELLA VISTA BV
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D ( ) Delete
Name: SCHNEIDER, EDWARD
Address: 9277 HOLY LN
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D (X) Delete
Name: BOZZARELLI, FRANK
Address: 1050 BELLA VISTA BLVD #136
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MADDELENA, ROBERT
Address: 4000 GRANDE VISTA BLVD. #122
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: SD (X) Change ( ) Addition
Name: DEMEROTO, TERRANCE
Address: 4010 GRANDE VISTA BLVD. #134
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DVP (X) Change ( ) Addition
Name: NEALON, DON
Address: 1070 BELLA VISTA BLVD. #122
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DT (X) Change ( ) Addition
Name: PETERMAN, JACKIE
Address: 1050 BELLA VISTA BLVD #102
City-St-Zip: SAINT AUGUSTINE, FL 32084

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: ROBERT MADDELENA DP 02/17/2009

Electronic Signature of Signing Officer or Director — Date