2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2011
Secretary of State

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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:

1090 BELLA VISTA BLVD
SAINT AUGUSTINE, FL 32084

Current Mailing Address:

1090 BELLA VISTA BV
SAINT AUGUSTINE, FL 32084

New Mailing Address:

C/O JACOBS JACOBS & ASSOCIATES, INC.
461 A1A BEACH BLVD
SAINT AUGUSTINE, FL 32080

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: PD
Name: MADDELENA, ROBERT
Address: 4000 GRANDE VISTA BLVD. #122
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: SD
Name: BAGSHAW, GEORGE
Address: 4000 GRANDE VISTA BLVD. #136
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: TD
Name: VAN'T HOF, TOM
Address: 1035 BELLA VISTA BLVD. #101
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D
Name: SCHNEIDER, ED
Address: 9277 JULY LANE
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: PHILIP H. JACOBS RA 02/22/2011

Electronic Signature of Signing Officer or Director — Date