

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011484

FILED
Apr 29, 2009
Secretary of State

Entity Name: LA TERRAZA I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5955 T.G. LEE BLVD
STE 300
ORLANDO, FL 328224457

New Principal Place of Business:

115 CALLE EL JARDIN
ST AUGUSTINE, FL 32095

Current Mailing Address:

5955 T.G. LEE BLVD
STE 300
ORLANDO, FL 328224457

New Mailing Address:

1960 U S 1 SOUTH PMB 57
ST AUGUSTINE, FL 32086

FEI Number: 20-2000151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
5955 T.G. LEE BLVD
STE 300
ORLANDO, FL 328224457 US

Name and Address of New Registered Agent:

AVILA COMMUNITY PROPERTY MANAGEMENT, LLC
1960 U S 1 SOUTH
ST AUGUSTINE, FL 32086 US

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: CAROLE A. SMARSLOK

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMARSLOK, CAROLE
Address: 210 PASEO TERRAZA # 401
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: BT () Delete
Name: TWIGG, JAMES A SR.
Address: 200 PASEO TERRAZA #201
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: SD () Delete
Name: SCHOLWALTER, ED
Address: 210 PASEO TERRAZA #402
City-St-Zip: ST. AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KESSLER, GORDON
Address: 1960 U S 1 SOUTH PMB 57
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VP/T (X) Change () Addition
Name: SMITH, JERROLD
Address: 1960 U S 1 SOUTH PMB 57
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: S (X) Change () Addition
Name: SCHOWALTER, EDWARD
Address: 1960 U S 1 SOUTH PMB 57
City-St-Zip: ST. AUGUSTINE, FL 32086

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: CAROLE A. SMARSLOK

LCAM

04/29/2009

Electronic Signature of Signing Officer or Director

Date