

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 OCT -8 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000005059

1. Entity Name
LAS PALMAS RESORT HOMEOWNERS ASSOCIATION,
INC.



Principal Place of Business
600 EAST CANFIELD STREET
AVON PARK, FL 33825

Mailing Address
600 EAST CANFIELD STREET
AVON PARK, FL 33825

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

06292007

Chg-NP

CR2E037 (12/06)

4. FEI Number
20-3377572

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERGER, DELVI DPT
10220 SW 20TH STREET
DAVIE, FL 33324

7. Name and Address of New Registered Agent

Name
CLIFFORD R. RHODES, R.A.

Street Address (P.O. Box Number is Not Acceptable)
2141 LAKEVIEW DRIVE

City
SEBRING

FL

Zip Code
33870

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
DPT
BERGER, DELVI ☒ Delete
STREET ADDRESS
10220 S.W. 20TH STREET
CITY-ST-ZIP
DAVIE, FL 33324

TITLE
NAME
DV
BERGER, IARA ☒ Delete
STREET ADDRESS
10220 S.W. 20TH STREET
CITY-ST-ZIP
DAVIE, FL 33324

TITLE
NAME
DS
BERGER, ALEXANDRE ☒ Delete
STREET ADDRESS
10220 S.W. 20TH STREET
CITY-ST-ZIP
DAVIE, FL 33324

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
DPT
EMILIANO LEBRON ☒ Change ☐ Addition
STREET ADDRESS
600 E. CANFIELD ST. APT #606
CITY-ST-ZIP
AVON PARK, FL 33825

TITLE
NAME
DV
EUSEBIO GONZALEZ ☒ Change ☐ Addition
STREET ADDRESS
7420 W 20th AVENUE #143
CITY-ST-ZIP
HIALEAH, FL 33016

TITLE
NAME
DS
CARLOS AMAYA ☒ Change ☐ Addition
STREET ADDRESS
3010 N. COURSE DRIVE 3B, #702
CITY-ST-ZIP
POMPANO BEACH, FL 33064

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/07

T. Roberts

Daytime Phone #

OCT 15 2007