## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000005059

FILED Apr 17, 2009 Secretary of State

Entity Name: LAS PALMAS RESORT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

600 EAST CANFIELD STREET AVON PARK, FL 33825

Current Mailing Address: New Mailing Address:

600 EAST CANFIELD STREET 2510 NW 97 AVENUE AVON PARK, FL 33825 200 DORAL, FL 33172

FEI Number: 20-3377572 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RHOADES, CLIFFORD R
2141 LAKEVIEW DRIVE
SEBRING, FL 33870 US

FANDIÑO-CAPIN, BARBARA
2510 NW 97 AVENUE
200
DORAL, FL 33172 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: BARBARA FANDIÑO-CAPIN 04/17/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PDT ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 LEBRON, EMILIANO
 Name:
 CHAVIANO, PEDRO

 Address:
 600 EAST CANFIELD ST APT 666
 Address:
 2510 NW 97 AVENUE #200

 Address:
 600 EAST CANFIELD ST APT 666
 Address:
 2510 NW 97 AVENUE #200

 City-St-Zip:
 AVON PARK, FL 33825
 City-St-Zip:
 DORAL, FL 33172

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition

 Name:
 GONZALEZ, EUSEBIO
 Name:
 ARTILES, JUAN A

 Address:
 7420 WEST 20 AVE #143
 Address:
 2510 NW 97 AVENUE #200

 City-St-Zip:
 HIALEAH, FL 33016
 City-St-Zip:
 DORAL, FL 33172

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition

 Name:
 AMAYA, CARLOS
 Name:
 ARBALAEZ, MARTHA

 Address:
 3010 N. COURSHE DR 38 #702
 Address:
 2510 NW 97 AVENUE #200

 City-St-Zip:
 POMPANO BEACH, FL 33069
 City-St-Zip:
 DORAL, FL 33172

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: BARBARA FANDIÑO-CAPIN MGR 04/17/2009