

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010166

FILED  
Jan 28, 2008  
Secretary of State

**Entity Name:** LAS VENTANAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

470 SOUTH OCEAN, LLC  
324 ROYAL PALM WAY SUITE 204  
PALM BEACH, FL 33480

**New Principal Place of Business:**

470 SOUTH OCEAN, LLC  
5801 SOUTH DIXIE HIGHWAY, SUITE B  
WEST PALM BEACH, FL 33405

**Current Mailing Address:**

470 SOUTH OCEAN, LLC  
324 ROYAL PALM WAY SUITE 204  
PALM BEACH, FL 33480

**New Mailing Address:**

470 SOUTH OCEAN, LLC  
5801 SOUTH DIXIE HIGHWAY, SUITE B  
WEST PALM BEACH, FL 33405

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

VEGOSEN, DEAN K  
515 N. FLAGLER DRIVE SUITE 1800  
WEST PALM BEACH, FL 33401      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:            DPST            ( ) Delete  
Name:            CURY, ED  
Address:        324 ROYAL PALM WAY SUITE 204  
City-St-Zip:    PALM BEACH, FL 33480

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            DPST            (X) Change ( ) Addition  
Name:            CURY, ED  
Address:        5801 SOUTH DIXIE HIGHWAY, SUITE B  
City-St-Zip:    WEST PALM BEACH, FL 33405

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: ED CURY

DPST

01/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date