

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006857

FILED
May 13, 2009
Secretary of State

Entity Name: LAS PALMAS CONDOMINIUM ASSOCIATION OF JACKSONVILLE, INC.

Current Principal Place of Business:

3517 PEELER ROAD
20
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

3517 PEELER ROAD
20
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PAGEL, GREGORY
3517 PEELER RD.
20
JACKSONVILLE, FL 32277 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PAGEL, GREGORY
Address: 3517 PEELER RD., 200
City-St-Zip: JACKSONVILLE, FL 32277

Title: VP () Delete
Name: GRAVES, BRIANNE
Address: 3517 PEELER RD., 20
City-St-Zip: JACKSONVILLE, FL 32277

Title: T () Delete
Name: STERN, MERRI B
Address: 3517 PEELER RD, 25
City-St-Zip: JACKSONVILLE, FL 32277

Title: S () Delete
Name: GRAVES, MATTHEW
Address: 3517 PEELER RD., 11
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PAGEL, GREGORY
Address: 3517 PEELER RD., 20
City-St-Zip: JACKSONVILLE, FL 32277

Title: VP (X) Change () Addition
Name: GRAVES, BRIANNE
Address: 3517 PEELER RD., 11
City-St-Zip: JACKSONVILLE, FL 32277

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MERRI B STERN

T

05/13/2009

Electronic Signature of Signing Officer or Director

Date