

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011786

FILED
Apr 30, 2009
Secretary of State

Entity Name: LAS PALMAS TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

150 SECOND AVENUE NORTH #1600
ST. PETERSBURG, FL 33701

New Principal Place of Business:

4439 PARK BLVD
PINELLAS PARK, FL 33781

Current Mailing Address:

150 SECOND AVENUE NORTH #1600
ST. PETERSBURG, FL 33701

New Mailing Address:

4439 PARK BLVD
PINELLAS PARK, FL 33781

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, CLIFF
150 SECOND AVENUE NORTH #1600
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

DAVIS, CLIFF
4439 PARK BLVD
PINELLAS PARK, FL 33781 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:

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KELSO, CHRIS
Address: 4437 PARK BLVD.
City-St-Zip: PINELLAS PARK, FL 33781

Title: D () Delete
Name: DAVIS, CLIFF
Address: 150 SECOND AVENUE NORTH #1600
City-St-Zip: ST. PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: DAVIS, CLIFF
Address: 4439 PARK BLVD
City-St-Zip: PINELLAS PARK, FL 33781

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: CLIFF DAVIS

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date