

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:03

DOCUMENT # **N08325** (5)

1. Corporation Name
LAS MIRANDAS OCEANSIDE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
**280 PONTE VEDRA BLVD.
PONTE VEDRA BEACH FL 32082
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/22/1985** 3a. Date of Last Report **04/18/1994**
4. FEI Number **59-2535300** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 169.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PONTE VEDRA CLUB REALTY, INC.
C/O PHYLLIS CALHOUN-
280 PONTE VEDRA BLVD.
PONTE VEDRA BEACH FL 32082**

81 Name **Same**
82 Street Address (P.O. Box Number is Not Acceptable) **C/O Eilene E. Edwards**
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Eilene E. Edwards Property Mgr. Eilene E. Edwards 2/28/95
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------------------|
| TITLE | D |
| NAME | LEWIS, MICHAEL F |
| STREET ADDRESS | 611 PONTE VEDRA BLVD., #115 |
| CITY - ST - ZIP | PONTE VEDRA BCH. FL |
| TITLE | VD |
| NAME | KIRSCHNER, KENNETH |
| STREET ADDRESS | 5441 RIVER TR RD N |
| CITY - ST - ZIP | JACKSONVILLE FL |
| TITLE | STD |
| NAME | BARNETT, DIANE |
| STREET ADDRESS | 611 PONTE VEDRA BCH #112 |
| CITY - ST - ZIP | PONTE VEDRA BEACH FL |
| TITLE | D |
| NAME | SCHMIDT, DOREEN |
| STREET ADDRESS | 611 PONTE VEDRA BL #113 |
| CITY - ST - ZIP | PONTE VEDRA BEACH FL |
| TITLE | PD |
| NAME | ODUM, GUY |
| STREET ADDRESS | 200 EXECUTIVE WAY |
| CITY - ST - ZIP | PONTE VEDRA FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. Guy Odum, Jr. W. GUY ODUM, JR. 3-11-95 904-273-9114
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #