

FILE NOW: FILING FEE IS \$61.25

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Mar 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N08325 (5)

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



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

Mailing Address
280 PONTE VEDRA BLVD.
PONTE VEDRA BEACH FL 32082-1810
US

3. Date Incorporated or Qualified 03/22/1985
3a. Date of Last Report 04/15/1996

2. Principal Place of Business
21 Suite, Apt #, etc
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt #, etc
27 City & State
28 Zip
29 Country
30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
PONTE VEDRA CLUB REALTY, INC.
% EILENE E. EDWARD
280 PONTE VEDRA BLVD.
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Eilene E. Edward* 1-6-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, MICHAEL F	1.2 NAME	
STREET ADDRESS	611 PONTE VEDRA BLVD., #115	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH. FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRSCHNER, KENNETH	2.2 NAME	
STREET ADDRESS	5441 RIVER TR RD N	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, DIANE	3.2 NAME	
STREET ADDRESS	611 PONTE VEDRA BCH #112	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, DOREEN	4.2 NAME	
STREET ADDRESS	611 PONTE VEDRA BL #113	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	4.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODUM, GUY	5.2 NAME	
STREET ADDRESS	200 EXECUTIVE WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Kenneth M. Kirschner* 1/10/97 904-358-4141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001168

CR2E037 (9/96)