

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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3. Date Incorporated or Qualified
03/22/1985

4. FEI Number
59-2535300

Applied For	Not Applicable
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21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip	Zip
Country	Country
24	25
29	30

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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	Ponte Veda Club Realty
82 Street Address (P.O. Box Number is Not Applicable)	280 Ponte Veda Blvd.
83	
84 City	Ponte Veda Beach, FL
85 Zip Code	32082

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 Carole A. Martin **Carole A. Martin, Property Mgr. 4-28-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LEWIS, MICHAEL F
STREET ADDRESS	811 PONTE VEDRA BLVD., #115
CITY-ST-ZIP	PONTE VEDRA BCH. FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	KIRSCHNER, KENNETH
STREET ADDRESS	5441 RIVER TR RD N
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	BARNETT, DIANE
STREET ADDRESS	811 PONTE VEDRA BCH #112
CITY-ST-ZIP	PONTE VEDRA BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHMIDT, DOREEN
STREET ADDRESS	811 PONTE VEDRA BL #113
CITY-ST-ZIP	PONTE VEDRA BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kenneth Kirschner
1.3 STREET ADDRESS	611 Ponte Veda Blvd. #114
1.4 CITY-ST-ZIP	Ponte Veda Beach, Fl 32082 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VST <input checked="" 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 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 Kirschner **Kenneth Kirschner, President 5-8-98 904-285-3843**

CF2E037 (10/97)