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04-15-1999 90129 011 ****61.25

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N08325

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

340085 - 90129 - 11



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
03/22/1985

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2535300

Applied For
 Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PONTE VEDRA CLUB REALTY
280 PONTE VEDRA BLVD
PONTE VEDRA BEACH FL 32802

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 CAM

2-24-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **PD**
 NAME **KIRSCHNER, KENNETH**
 STREET ADDRESS **611 PONTE VEDRA BLVD. #114**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

1.1 TITLE **ST**
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **VST** DELETE
 NAME **BARNETT, DIANE**
 STREET ADDRESS **611 PONTE VEDRA BCH #112**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL**

2.1 TITLE **PD** Change Addition
 2.2 NAME **Lewis, Jane**
 2.3 STREET ADDRESS **8029 Pebble Creek Lane West**
 2.4 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

TITLE **D** DELETE
 NAME **SCHMIDT, DOREEN**
 STREET ADDRESS **611 PONTE VEDRA BL #113**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL**

3.1 TITLE **VD** Change Addition
 3.2 NAME **Sackett, Joseph**
 3.3 STREET ADDRESS **611 Ponte Vedra Blvd. #122**
 3.4 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE **D** Change Addition
 4.2 NAME **Barton, Claire**
 4.3 STREET ADDRESS **611 Ponte Vedra Blvd. #126**
 4.4 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE **D** Change Addition
 5.2 NAME **Rosenbaum, Jerrold**
 5.3 STREET ADDRESS **6225 Powers Avenue**
 5.4 CITY-ST-ZIP **Jacksonville, FL 32217**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE
 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, with all other like empowered.

SIGNATURE:

Kenneth Kirschner SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99

904-285-3843

Date

Daytime Phone #

CR2E037 (11/98)