

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90913 038 ****61.25

DOCUMENT # N08325

1. Entity Name

LAS MIRANDAS OCEANSIDE CONDOMINIUM ASSOCIATION,

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

2. Principal Place of Business

Ponte Vedra Club Realty

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2535300**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____

 City **FL** Zip Code _____

8. 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 Carole A. Martin **Carole A. Martin, CAM** 4-26-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	KIRSCHNER, KENNETH	
STREET ADDRESS	611 PONTE VEDRA BLVD, #114	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEWIS, JANE	
STREET ADDRESS	8029 PEBBLE CREEK LANE WEST	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHMIDT, DOREEN	
STREET ADDRESS	611 PONTE VEDRA BL #113	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SACKETT, JOSEPH	
STREET ADDRESS	611 PONTE VEDRA BLVD., #122	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARTON, CLAIRE	
STREET ADDRESS	611 PONTE VEDRA BLVD., #126	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSENBAUM, JERROLD	
STREET ADDRESS	6225 POWERS AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32217	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jane Lewis **Jane Lewis** 4/14/00 9042856927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)