

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

000022

DOCUMENT # N08325

1. Entity Name

LAS MIRANDAS OCEANSIDE CONDOMINIUM ASSOCIATION,

04-11-2001 90083 014 ****61.25

Principal Place of Business

280 PONTE VEDRA BLVD.
 PONTE VEDRA CLUB REALTY
 PONTE VEDRA BEACH FL 32082
 US

Mailing Address

280 PONTE VEDRA BLVD.
 PONTE VEDRA BEACH FL 32082
 US

00034279



2. Principal Place of Business

3. Mailing Address

Association Management of Ponte Vedra, Inc
 3103 Sawgrass Village Circle
 Ponte Vedra Beach, FL 32082

Association Management of Ponte Vedra, Inc.
 3103 Sawgrass Village Circle
 Ponte Vedra Beach, FL 32082

DO NOT WRITE IN THIS SPACE

Number 59-2535300

Applied For
 Not Applicable

Zip Country Zip Country

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

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 C.P. CONNOLLY
 Association Management of Ponte Vedra, Inc.
 3103 Sawgrass Village Circle
 Ponte Vedra Beach, FL 32082

8. The above named entity submits this statement for the purpose of changing its register

SIGNATURE C.P. Connolly, C.P. CONNOLLY, CAM (NOTE: Registered Agent signature required when reinstating) DATE 4-4-01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<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	T	<input checked="" type="checkbox"/> Delete
NAME	SCHMIDT, DOREEN	
STREET ADDRESS	611 PONTE VEDRA BL #113	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SACKETT, JOSEPH	
STREET ADDRESS	611 PONTE VEDRA BLVD., #122	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	V	<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	

TITLE	VP	<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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	METZGER, MARY A.	
STREET ADDRESS	611 PONTE VEDRA BLVD. # 116	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SIT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" 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)(i), 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:

Jerrold Rosenbaum
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-01

(904) 937-0811

CR2E037 (10/00)