


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90272 039 \*\*\*\*61.25

|                                                                               |                                                                                   |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N08325</b>                                                      |  |
| 1. Entity Name<br><b>LAS MIRANDAS OCEANSIDE CONDOMINIUM ASSOCIATION, INC.</b> |                                                                                   |

|                                                                                                                                                  |                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>ASSOCIATION MNGT OF PONTE VEDRA INC<br/>3103 SAWGRASS VILLAGE CIRCLE<br/>PONTE VEDRA BEACH FL 32082<br/>US</b> | Mailing Address<br><b>ASSOCIATION MNGT OF PONTE VEDRA INC<br/>3103 SAWGRASS VILLAGE CIRCLE<br/>PONTE VEDRA BEACH FL 32082<br/>US</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|

|                                                       |                                           |
|-------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|-------------------------------------------------------|-------------------------------------------|

|              |              |                                    |                                                        |
|--------------|--------------|------------------------------------|--------------------------------------------------------|
| City & State | City & State | 4. FEI Number<br><b>59-2535300</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|--------------|--------------|------------------------------------|--------------------------------------------------------|

|     |         |     |         |                                                                                                 |
|-----|---------|-----|---------|-------------------------------------------------------------------------------------------------|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
|-----|---------|-----|---------|-------------------------------------------------------------------------------------------------|



MOORE CR2E037 (11/03)

|                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b>                                                                       |
| <b>CONNOLLY, C P<br/>ASSOCIATION MNGT OF PONTE VEDRA INC<br/>3103 SAWGRASS VILLAGE CIRCLE<br/>PONTE VEDRA BEACH FL 32802</b> |

|                                                    |    |          |
|----------------------------------------------------|----|----------|
| <b>7. Name and Address of New Registered Agent</b> |    |          |
| 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE C.P. Connolly C.P. CONNOLLY DATE 4-5-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                                                        |                                                                                                                     |                                                          |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Florida Department of State</b> |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                       |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DST<br>RACKLEY, THOMAS<br>24733 HARBOUR VIEW DR<br>PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LEWIS, JANE<br>8029 PEBBLE CREEK LANE WEST<br>PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SACKETT, JOSEPH<br>611 PONTE VEDRA BLVD<br>PONTE VEDRA BEACH FL 32082 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>BARTON, CLAIRE<br>611 PONTE VEDRA BLVD., #126<br>PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>ROSENBAUM, JERROLD<br>6225 POWERS AVENUE<br>JACKSONVILLE FL 32217 <input type="checkbox"/> Delete              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                       |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>DYER, CHARON<br>481 MANOR DR NW<br>ATLANTA GA 30305 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                     |

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: Claire Barton SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_