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

## DOCUMENT # N08325

1. Entity Name

LAS MIRANDAS OCEANSIDE CONDOMINIUM ASSOCIATION, INC.



Principal Place	e of Business	Mailing Address		ļ			
ASSOCIATION MNGT OF PONTE VEDRA INC 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH FL 32082 US		ASSOCIATION MNGT OF PONTE VEDRA INC 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH FL 32082 US		(C )			9 (1 11)
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		моог	RE CR2E037	7 (11/03)	
City & State		City & State		4. FEI Number Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status		\$8.75 Addi	
	6. Name and Address of Current F	Registered Agent		7. Name and Address	of New Registered	Agent	
			Name .				
CON	NNOLLY, C P		Stroot Addr	ess (P.O. Box Number is Not A	(containle)		
ASS	SOCIATION MNGT OF PONT 3 SAWGRASS VILLAGE CIR		Street Addre	955 (F.O. BOX Number is NOT A			
	NTE VEDRA BEACH FL 3280						
101112 725141 5240111 2 5250			City		FL	Zip Code	
	e named entity submits this statement for	the purpose of changing its r	egistered office or reg	istered agent, or both, in the	State of Florida am	familiar with,	and accept
the obligat	tions of registered agent.	0 - 0			10	ne D	•
0101471105	C: Conno	Sh Civ. Co.	UNDOLLY		7-0	104	
SIGNATURE	Signature, typed or printed name of registered agents	and title if applicable, (NOTE:	Registered Agent signature re	quired when reinstating)	DATE		
	FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Carn Trust Fund C		\$5.00 May Be Added to Fees	Make Checl Florida Depar		
	在1965年中,中国1965年中国1965年中国1965年中国				<b>是在"大学的"从上表示"是是"。是由他的主要的是</b>	(1) 10 mg (1) 10 mg (1) 10 mg (1)	6 4.65. VANSEN
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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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

lane Barton ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**FILED** 

Apr 12, 2004 8:00 am Secretary of State 04-12-2004 90272 039 \*\*\*\*61.25

Daytime Phone #