

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08325

FILED
Apr 05, 2006
Secretary of State

Entity Name: LAS MIRANDAS OCEANSIDE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2535300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SACKETT, JOE
Address: PO BOX 2297
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: VPD () Delete
Name: SPILLER, JONATHAN
Address: 611 PONTE VEDRA BLVD #113
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD () Delete
Name: STURM, PEGGY
Address: 179 EUCLID AVE
City-St-Zip: MANAWA, WI 54949

Title: TD () Delete
Name: BARTON, CLAIRE
Address: 611 PONTE VEDRA BLVD #126
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D (X) Delete
Name: BOWEN, BECKY
Address: 611 PONTE VEDRA BEACH BLVD #112
City-St-Zip: PONTE BEDRA BEACH, FL 32082

Title: D () Delete
Name: LEWIS, JANE
Address: 24765 HARBOR VIEW DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPTD (X) Change () Addition
Name: SPILLER, JONATHAN
Address: 509 PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE SACKETT

PD

04/05/2006

Electronic Signature of Signing Officer or Director

Date