2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08325

FILED Apr 09, 2008 Secretary of State

Entity Name: LAS MIRANDAS OCEANSIDE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 **New Mailing Address: Current Mailing Address:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US FEI Number: 59-2535300 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SACKETT, JOE Name: Name: 611 PONTE VEDRA BEACH DR #122 Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: Title: VPTD () Delete Title: SD (X) Change () Addition BARTON, CLAIRE Name: BARTON, CLAIRE Name: Address: 611 PONTE VEDRA BEACH DR #126 Address: 611 PONTE VEDRA BEACH DR #126 City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: PONTE VEDRA BEACH, FL 32082 Title: () Delete Title: (X) Change () Addition STURM, PEGGY ROGOZINSKI, ABRAHAM Name: Name: Address: 179 EUCLID AVE Address: 2845 FOREST CIR City-St-Zip: MANAWA, WI 54949 City-St-Zip: JACKSONVILLE, FL 32257 (X) Change () Addition Title: () Delete Title: VPD Name: DYER, CHARON Name: DYER, CHARON 11825 CENTRAL PKWY 611 PONTE VEDRA BLVD #117 Address: Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: PONTE VEDRA, FL 32082 Title: () Delete Title: (X) Change () Addition ROSENGARTEN, MICHAEL ROSENGARTEN, MICHAEL Name: Name: 795 OAK KNOLL CIR 795 OAK KNOLL CIR Address: Address: PASADENA, CA 91106 City-St-Zip: City-St-Zip: PASADENA, CA 91106

I hereby certify that the information supplied with this filing does not qualify 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 04/09/2008