

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08325

FILED
Mar 09, 2009
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: 611 PONTE VEDRA BEACH DR #122
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

Title: D () Delete
Name: ROGOZINSKI, ABRAHAM
Address: 2845 FOREST CIR
City-St-Zip: JACKSONVILLE, FL 32257

Title: VPD () Delete
Name: DYER, CHARON
Address: 611 PONTE VEDRA BLVD #117
City-St-Zip: PONTE VEDRA, FL 32082

Title: TD () Delete
Name: ROSENGARTEN, MICHAEL
Address: 795 OAK KNOLL CIR
City-St-Zip: PASADENA, CA 91106

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: ROGOZINSKI, ABRAHAM
Address: 2845 FOREST CIR
City-St-Zip: JACKSONVILLE, FL 32257

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

Title: D (X) Change () Addition
Name: ROSENBAUM, JERROLD
Address: 6730 EPPING FOREST WAY N #111
City-St-Zip: JACKSONVILLE, FL 32217

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

03/09/2009

Electronic Signature of Signing Officer or Director

Date