

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90240 041 ****61.25

0000681

DOCUMENT # N08325

1. Entity Name
LAS MIRANDAS OCEANSIDE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**ASSOCIATION MNGT OF PONTE VEDRA INC
3103 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH FL 32082
US**

Mailing Address
**ASSOCIATION MNGT OF PONTE VEDRA INC
3103 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH FL 32082
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **59-2535300**

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CONNOLLY, C P
ASSOCIATION MNGT OF PONTE VEDRA INC
3103 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH FL 32802**

7. Name and Address of New Registered Agent

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 CAM DATE 4-16-03

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KIRSCHNER, KENNETH	
STREET ADDRESS	611 PONTE VEDRA BLVD, #114	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, JANE	
STREET ADDRESS	8029 PEBBLE CREEK LANE WEST	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	METZGER, MARY A	
STREET ADDRESS	611 PONTE VEDRA BLVD #116	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BARTON, CLAIRE	
STREET ADDRESS	611 PONTE VEDRA BLVD., #126	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSENBAUM, JERROLD	
STREET ADDRESS	6225 POWERS AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RACKLEY, THOMAS	
STREET ADDRESS	24733 HARBOUR VIEW DR	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACKETT, JOSEPH	
STREET ADDRESS	611 PONTE VEDRA BLVD	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: SIGNATURE REQUIRED Claire Barton 6/29/03 904-285-3129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)