

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17759

FILED
Jan 16, 2009
Secretary of State

Entity Name: LAS CASAS AT BAYMEADOWS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4213 CR 218
SUITE 1
MIDDLEBURG, FL 32068 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 949
MIDDLEBURG, FL 32068 US

New Mailing Address:

4213 COUNTY ROAD 218
SUITE 1
MIDDLEBURG, FL 32068 US

FEI Number: 59-2745376

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELCOMYN, VINA
4213 COUNTY ROAD 218
SUITE 1
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

AWAKENINGS ASSOCIATION MANAGEMENT, INC.
4213 COUNTY ROAD 218
SUITE 1
MIDDLEBURG, FL 32068 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: VINA DELCOMYN

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FLEMMING, LINDA
Address: 7841 POCITA COURT
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: GIVERSON, YVONNE
Address: 7820 POCITA COURT
City-St-Zip: JACKSONVILLE, FL

Title: PD () Delete
Name: NERF, FRANCIS
Address: 9336 ARBOLITA WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD () Delete
Name: HANCOCK, SAUNDRA
Address: 9232 ARBOLITA WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: VD () Delete
Name: PARKER, HARRIS
Address: 9331 ARBOLITA WAY
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

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: FRANCIS NERF

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date