

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003862

**FILED**  
**Mar 17, 2010**  
**Secretary of State**

**Entity Name:** LAS PALMAS AT SAND LAKE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434, SUITE 5000  
LONGWOOD, FL 327795044 US

**New Principal Place of Business:**

831 SAND LAKE CIRCLE  
ORLANDO, FL 32809 US

**Current Mailing Address:**

2180 WEST SR 434, SUITE 5000  
LONGWOOD, FL 327795044 US

**New Mailing Address:**

POST OFFICE BOX 350232  
PALM COAST, FL 32135 US

**FEI Number:** 65-0436382

**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:**

SOUTHERN STATES MANAGEMENT GROUP, INC.  
7 FLORIDA PARK DRIVE NORTH  
SUITE C  
PALM COAST, FL 32137 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: FRED ANNON, JR.

03/17/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: TORRES, GUIDO  
Address: POST OFFICE BOX 350232  
City-St-Zip: PALM COAST, FL 32135 US

Title: VPTD  
Name: NEGRON, ROSA  
Address: POST OFFICE BOX 350232  
City-St-Zip: PALM COAST, FL 32135 US

Title: SD  
Name: OLMOS, EVIE  
Address: POST OFFICE BOX 350232  
City-St-Zip: PALM COAST, FL 32135 US

I hereby 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 all other like empowered.

SIGNATURE: GUIDO TORRES

PD

03/17/2010

Electronic Signature of Signing Officer or Director

Date