


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90074 012 ****61.25

DOCUMENT # N95000001628

1. Entity Name
LAS COLINAS VILLAGE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**3461-B FAIRLANE FARMS ROAD
 WELLINGTON, FL 33414 US**

Mailing Address
**3461-B FAIRLANE FARMS ROAD
 WELLINGTON, FL 33414 US**

50001365



01042008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
65-0680446

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NEWSOME, JOHN
 C/O WELLINGTON MANAGEMENT, INC.
 3461-B FAIRLANE FARMS ROAD
 WELLINGTON, FL 33414**

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

Filing Fee is \$61.25 Due by May 1, 2008

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	HUME, KATHLEEN	5898 LAS COLINAS CIR	LAKE WORTH, FL 33463	<input type="checkbox"/>
TD	BURG, JEFFEREY	6768 LAS COLINAS ST	LAKE WORTH, FL 33463	<input checked="" type="checkbox"/>
DVP	DRISCOLL, RACHEL	6773 LAS COLINAS CT	LAKE WORTH, FL 33463	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TD	Kimberly BRISON	6758 LAS COLINAS ST.	LAKE WORTH, FL 33463	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	JOHN CLEMENT	6802 LAS COLINAS COURT	LAKE WORTH, FL 33463	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	RONALD B. JACOBSON	6010 LAS COLINAS CIRCLE	LAKE WORTH, FL 33463	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Kathleen Hume **3-13-08** **561-434-7655**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #