


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000000206 1. Entity Name LAS PALMAS COMMUNITY ASSOCIATION, INC.	
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Principal Place of Business P.O. BOX 960546 MIAMI, FL 33296	Mailing Address P.O. BOX 960546 MIAMI, FL 33296
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DO NOT WRITE IN THIS SPACE



02182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0887937	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LOSNER, STEVEN D
65 N.W. 18TH STREET
HOMESTEAD, FL 33030**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE D	NAME PENA, ALICIA
STREET ADDRESS 14390 S.W. 199 AVENUE	CITY-ST-ZIP MIAMI, FL 33193
TITLE D	NAME CUELI, OSVALDO
STREET ADDRESS 18200 SOUTHWEST 192 STREET	CITY-ST-ZIP MIAMI, FL 33196
TITLE D	NAME MARTINEZ, MARCO
STREET ADDRESS 6090 WATERWAY DRIVE	CITY-ST-ZIP MIAMI, FL 33155
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP

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IN THIS SPACE**

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03/23/07-80071-015 61.25

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: Alice Pena 3/10/07 305-232-4042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #