

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90093 032 ***150.00

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1. Entity Name
LAS PALMAS AT JACKSONVILLE BEACH, INC.



Principal Place of Business
**1300 GREENRIDGE ROAD
JACKSONVILLE, FL 32207**

Mailing Address
**1300 GREENRIDGE ROAD
JACKSONVILLE, FL 32207**

50011265



2. Principal Place of Business
214-B 60th Ave. S.

3. Mailing Address
214-B 60th Ave. S.

Suite, Apt. #, etc.
B

Suite, Apt. #, etc.
B

01192005 Chg-P CR2E034 (10/03)

City & State
Jacksonville Beach, FL

City & State
Jacksonville Beach, FL

4. FEI Number
56-2281766

Applied For
Not Applicable

Zip
32250

Country
USA

Zip
32250

Country
USA

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, JOANNA C
1300 GREENRIDGE ROAD
JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent

Name **Christopher Cenci**
Street Address (P.O. Box Number is Not Acceptable)
214-B 60th Ave. S.

City **Jacksonville Beach** **FL** Zip Code **32250**

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.

Christopher Cenci

(NOTE: Registered Agent signature required when reinstating)

1-20-05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **RODRIGUEZ, JOANNA C**
STREET ADDRESS **1300 GREENRIDGE ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **D** ☒ Delete
NAME **RODRIGUEZ, ALBERT F**
STREET ADDRESS **1300 GREENRIDGE ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **D** ☒ Delete
NAME **CENCI, CHRIS**
STREET ADDRESS **214 SIXTH AVENUE SOUTH APT #2**
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **214-B 60th Ave. S.**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher Cenci

1-20-05

(904) 294-6695

Date

Daytime Phone #