

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000002780

**FILED  
Jan 12, 2015  
Secretary of State  
CC3311850533**

**Entity Name:** LAS PALMAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

47 LAS PALMAS WAY  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

PO BOX 7186  
RAINBOW CITY, AL 35906 US

**FEI Number: 20-0873323**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LAS PALMAS HOMEOWNERS ASSN.  
47 LAS PALMAS WAY  
SANTA ROSA BEACH, FL 32459 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name SCHELLHASE, DEAN  
Address 47 LAS PALMAS WAY  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title S  
Name GILMORE, LAURA  
Address 57 LAS PALMAS WAY  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title T  
Name JOHNSON, LEE  
Address P.O. BOX 7186  
City-State-Zip: RAINBOW CITY AL 35906

*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: LEE JOHNSON**

**T**

**01/12/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date