

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
95 APR 26 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **735660** (3)

1. Corporation Name
LA PINATA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
5908 LA PINATA BLVD. GREEN ACRES FL 33463 **5908 LA PINATA BLVD. GREEN ACRES FL 33463**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/26/1976** 3a. Date of Last Report **04/22/1994**
4. FEI Number **59-1720783** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**FRITTS, ROBERT E
5702 LAKE WORTH RD.
STE. 4
LAKE WORTH FL 33463**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARJORIE M. HUNT
STREET ADDRESS	5883 LAPINATA BLVD.
CITY-ST-ZIP	GREENACRES FL
TITLE	VD
NAME	ALBERT HARRIS
STREET ADDRESS	5905 LAPINATA BLVD.
CITY-ST-ZIP	GREENACRES FL
TITLE	SD
NAME	BOWLES, LOUISE M
STREET ADDRESS	3526 LA PALMAS CT
CITY-ST-ZIP	GREENACRES FL
TITLE	TD
NAME	LEOPOLD M. ABLICKI
STREET ADDRESS	5839 LAPINATA BLVD.
CITY-ST-ZIP	GREENACRES FL
TITLE	D
NAME	ALBERT DENARA
STREET ADDRESS	3823 LAPLAYAS CT.
CITY-ST-ZIP	GREENACRES FL
TITLE	D
NAME	GEORGE LOW
STREET ADDRESS	3825 LA AIRES
CITY-ST-ZIP	GREENACRES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD
1.3 STREET ADDRESS	TED LUCAS
1.4 CITY-ST-ZIP	3624 LA AIRES CT. B-1 GREENACRES, FL 33463
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD
2.3 STREET ADDRESS	ED MCNAMARA
2.4 CITY-ST-ZIP	3622 LA PLAYAS CT. C-1 LAKE WORTH, FL 33463
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD
3.3 STREET ADDRESS	EDMOND MANACK
3.4 CITY-ST-ZIP	3487 LA PALMAS COURT A-1 GREENACRES CITY, FL 33463
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Leopold M. Alicki
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Leopold M. Alicki

Harris
Date

De/Time/Phone #