

# FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 735660 (3)**  
1. Corporation Name  
**LA PINATA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **5938 LA PINATA BLVD. GREEN ACRES FL 33463**  
Mailing Address: **5938 LA PINATA BLVD. GREEN ACRES FL 33463**

3. Date Incorporated or Qualified: **04/26/1976**      3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-1720783</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		
25. Country	30. Country		

<p>9. Name and Address of Current Registered Agent</p> <p><b>FRITTS, ROBERT E 5702 LAKE WORTH RD. STE. 4 LAKE WORTH FL 33463</b></p>	<p>10. Name and Address of New Registered Agent</p> <p>81. Name</p> <p>82. Street Address (P.O. Box Number is Not Acceptable)</p> <p>83.</p> <p>84. City <span style="float: right;"><b>FL</b></span> 85. Zip Code</p>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>LUCAS, TED</b>	1.1 TITLE	
NAME	3624 LA AIRES CT. B-1	1.2 NAME	
STREET ADDRESS	GREENACRES FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCNAMARA, ED</b>	2.2 NAME	<b>EDMOND MANACK</b>
STREET ADDRESS	3622 LA PLAYAS CT. C-1	2.3 STREET ADDRESS	3487 La Palmas Ct. A1
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	Greenacres City, FL
TITLE	SD	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANACK, EDMOND</b>	3.2 NAME	<b>LOUISE BOWLES</b>
STREET ADDRESS	3487 LA PALMAS COURT A-1	3.3 STREET ADDRESS	3526 La Palmas Ct. A1
CITY-ST-ZIP	GREENACRES CITY FL	3.4 CITY-ST-ZIP	Lake Worth, FL
TITLE	TD	4.1 TITLE	
NAME	<b>LEOPOLD M. ABLICKI</b>	4.2 NAME	
STREET ADDRESS	5839 LAPINATA BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENACRES FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALBERT DENARA</b>	5.2 NAME	<b>RITA PALASZEWSKI</b>
STREET ADDRESS	3623 LAPLAYAS CT.	5.3 STREET ADDRESS	3626 La Mar Ct. D2
CITY-ST-ZIP	GREENACRES FL	5.4 CITY-ST-ZIP	Lake Worth, FL
TITLE	D	6.1 TITLE	
NAME	<b>GEORGE LOW</b>	6.2 NAME	
STREET ADDRESS	3625 LA AIRES	6.3 STREET ADDRESS	
CITY-ST-ZIP	GREENACRES FL	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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Louise M. Bowles Louise Bowles, Sec. 4/16/96 407/965-0787  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)