

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 735660 (3)**

1. Corporation Name  
**LA PINATA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>5938 LA PINATA BLVD. GREEN ACRES FL 33463</b>	Mailing Address <b>5938 LA PINATA BLVD. GREEN ACRES FL 33463-1802</b>
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3. Date Incorporated or Qualified <b>04/26/1976</b>	3a. Date of Last Report <b>04/22/1996</b>
4. FEI Number <b>59-1720783</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**FL**

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LUCAS, TED	
STREET ADDRESS	3624 LA AIRES CT. B-1	
CITY-ST-ZIP	GREENACRES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MANACK, EDMOND	
STREET ADDRESS	3487 LA PALMAS COURT, A-1	
CITY-ST-ZIP	GREENACRES CITY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BOWLES, LOUISE	
STREET ADDRESS	3526 LA PALMAS COURT, A-1	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEOPOLD M. ABICKI	
STREET ADDRESS	5839 LAPINATA BLVD.	
CITY-ST-ZIP	GREENACRES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PALASZEWSKI, RITA	
STREET ADDRESS	3626 LA MAR COURT, D-2	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GEORGE LOW	
STREET ADDRESS	3625 LA AIRES	
CITY-ST-ZIP	GREENACRES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TOPPALL, RHODA	
1.3 STREET ADDRESS	3623 LA PLAYAS CT. B-2	
1.4 CITY-ST-ZIP	GREENACRES, FL 33463	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MACKEY, FILOMENA	
6.3 STREET ADDRESS	5883 LA PINATA BLVD. B-2	
6.4 CITY-ST-ZIP	GREENACRES, FL 33463	

14. I do 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 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 in good, or on an attachment with an address.

CR2E037 (9/96)

*[Handwritten signatures and dates]*