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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 5883 LA PINATA BLVD GREEN ACRES FL 33463	Mailing Address 5883 LA PINATA BLVD GREEN ACRES FL 33463
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3. Date Incorporated or Qualified 04/26/1976	
4. FEI Number 59-1720783	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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 type="checkbox"/> DELETE
NAME	TOPPALL, RHODA	
STREET ADDRESS	3623 LA PLAYAS CT, #B-2	
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 checked="" 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. ABLICKI	
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 type="checkbox"/> DELETE
NAME	MACKEY, FILOMENA	
STREET ADDRESS	5883 LA PINATA BLVD, #B-2	
CITY-ST-ZIP	GREENACRES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
3.2 NAME	SD
3.3 STREET ADDRESS	Marjorie M. Hunt
3.4 CITY-ST-ZIP	5883 La Pinata Blvd. B-1 Lake Worth 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 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 changed, or on an attachment with an address.

SIGNATURE: *Marjorie M. Hunt* 3/11/98 968-7109

CFR2E037 (10/97)