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**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90015 033 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 735660**

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

\* 5 6 6 8 2 3 \*

Principal Place of Business 3528 LA MAR COURT B-1 GREEN ACRES FL 33463 US	Mailing Address 3528 LA MAR COURT B-1 GREEN ACRES FL 33463 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/26/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1720783
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 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	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 type="checkbox"/> DELETE
NAME	HUNT, MARJORIE M.	
STREET ADDRESS	5883 LA PINATA BLVD B-1	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEOPOLD M. ABlickI	
STREET ADDRESS	5839 LAPINATA BLVD.	
CITY-ST-ZIP	GREENACRES FL	
TITLE	D	<input checked="" 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	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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joseph Bilotti	
1.3 STREET ADDRESS	5883 La Pinata Blvd. D-1	
1.4 CITY-ST-ZIP	Greenacres FL	
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	Robert Flanagan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Robert Flanagan	
5.3 STREET ADDRESS	5795 la Pinata Blvd. A-2	
5.4 CITY-ST-ZIP	Greenacres FL 33463	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Frank Karlovich	
6.3 STREET ADDRESS	5795 La Passeos Dr.	
6.4 CITY-ST-ZIP	Greenacres FL 33463	

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, with all other like empowered.

SIGNATURE: *Robert Flanagan* **Treasurer** 965-0787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)