

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90095 017 ****61.25

DOCUMENT # 735660

1. Entity Name

LA PINATA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3528 LA MAR COURT B-1
 GREEN ACRES FL 33463
 US**

**3528 LA MAR COURT B-1
 GREEN ACRES FL 33463
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1720783

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DICKER, EDWARD
 500 AUSTRALIAN AVE SOUTH
 STE 600
 WEST PALM BEACH FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MANACK, EDMOND	
STREET ADDRESS	3486 LA PALMAS CT. A-1	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUNT, MARJORIE M	
STREET ADDRESS	5883 LA PINATA BLVD B-1	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BELL, AUTUMN	
STREET ADDRESS	3590 LA MAR CT D-2	
CITY-ST-ZIP	GREENACRES 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 type="checkbox"/> Delete
NAME	MACKEY, FRAN	
STREET ADDRESS	5883 LA PINATA BLVD. B-2	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCNAMARA, EDWARD	
STREET ADDRESS	3622 LA PLAYAS CT C-1	
CITY-ST-ZIP	GREENACRES FL 33463	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

1-25-02 561-965-0787

CR2E037 (9/01)