


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90082 042 \*\*\*\*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**

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GREEN ACRES FL 33463  
US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1720783**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name **Edward Dicker**

Street Address (P.O. Box Number is Not Acceptable)  
**1818 Australian Ave S**

City **West Palm beach**      **FL**      Zip Code **33409**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Edwin Dicker**      **Edward Dicker**      **4/8/03**

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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MANACK, EDMOND 3486 LA PALMAS CT. A-1 GREENACRES FL 33463</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD HUNT, MARJORIE M 5883 LA PINATA BLVD B-1 GREENACRES FL 33463</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BELL, AUTUMN 3590 LA MAR CT D-2 GREENACRES FL 33463</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD LEOPOLD M. ABlicki 5839 LAPINATA BLVD. GREENACRES FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MACKEY, FRAN 5883 LA PINATA BLVD. B-2 GREENACRES FL 33463</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCNAMARA, EDWARD 3622 LA PLAYAS CT C-1 GREENACRES FL 33463</b>	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Jacqueline C. Gibson 5971 La Pinata Blvd B-2 Greenacres FL 33463</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Beatrice Normandin 3487 La Palmas Ct. A-2 Greenacres FL 33463</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Recording Secretary/Asst Leopold M. Ablicki 5839 La Pinata Blvd. C-2 Greenacres FL 33463</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Diane Mittleman 3626 La Mar Ct D-1 Greenacres FL 33463</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Rita Palaszewski 3626 La Mar Ct D-2 Greenacres FL 33463</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Joseph Bilotti 5883 La Pinata Blvd. D-1 Greenacres FL 33463</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 Required**      **Jacqueline C. Gibson**      **4/3/03**      **561-965-0787**

CR2E037 (10/02)