

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N07367 (8)**

1. Corporation Name

**THE LAKES OF PGA NATIONAL CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

C/O COMPLETE PROPERTY MGMT., INC.  
701 U.S. HWY #1 STE 401  
NORTH PALM BEACH FL 33408

C/O COMPLETE PROPERTY MGMT., INC.  
701 U.S. HWY #1 STE 401  
NORTH PALM BEACH FL 33408

3. Date Incorporated or Qualified  
**01/29/1985**

3a. Date of Last Report  
**03/31/1995**

2. Principal Place of Business

2a. Mailing Address

21 **40 Dickinson Management**

26 **c/o Dickinson Management, Inc.**

4. FEI Number  
**65-0052375**

Applied For  
Not Applicable

22 **400 Toney Penna Dr.**

27 **400 Toney Penna Dr**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 **Jupiter, FL**

28 **Jupiter, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24 **33458**

25 **USA**

29 **33458**

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WRIGHT, NORMAN**  
**110 WATERVIEW DR**  
**PALM BEACH GARDENS FL 33410**

81 Name **Dickinson Management, Inc.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**400 Toney Penna Drive**

83 **Jupiter**

84 **FL** 85 **33458**

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

*Shirley M. Springer*

(NOTE: Registered Agent signature required when resigning)

**5/10/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>RICHTER, JOHN H.</b>	
STREET ADDRESS	<b>116 WATERVIEW DRIVE</b>	
CITY-ST-ZIP	<b>PALM BEACH GRONS FL</b>	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>WRIGHT, NORMAN</b>	
STREET ADDRESS	<b>5119 GAMTON ROAD</b>	
CITY-ST-ZIP	<b>CHARLOTTE NC</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>PASCO, JAMES</b>	
STREET ADDRESS	<b>115 WATERVIEW DRIVE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDEN FL</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>OGLE, GERALD</b>	
STREET ADDRESS	<b>106 WATERVIEW DRIVE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>LAITINEN, MARTTI</b>	
STREET ADDRESS	<b>15-E LEXINGTON LANE EAST</b>	
CITY-ST-ZIP	<b>PALM BEACH GRDNS. FL 33418</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Feweil II, Sharon</b>	
1.3 STREET ADDRESS	<b>103 Waterview Drive</b>	
1.4 CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33418</b>	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Williams, Chris</b>	
2.3 STREET ADDRESS	<b>114 Waterview Drive</b>	
2.4 CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33418</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E037 (12/95)