

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 # **N09913** (7)

1. Corporation Name

LAKEWOOD AT PALM BEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

3525 SOUTH OCEAN BLVD. #105
PALM BEACH FL 33480

Mailing Address

3525 SOUTH OCEAN BLVD. #105
PALM BEACH FL 33480

3. Date Incorporated or Qualified
06/24/1985

3a. Date of Last Report
03/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Assoc. Prop. Mgmt

82

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

100 S. Dixie Hwy, #10

83

84

City

Lake Worth

FL

85 Zip Code

33460

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

3/6/96

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **MUDRICK, LISA**

STREET ADDRESS **3525 S OCEAN BLVD. #203**

CITY-ST-ZIP **S PALM BEACH FL**

TITLE **PD** ☐ DELETE

NAME **GRAVE, FRED**

STREET ADDRESS **3525 SOUTH OCEAN BLVD**

CITY-ST-ZIP **S PALM BEACH FL**

TITLE **SD** ☐ DELETE

NAME **TRAUTMAN, PAULINE**

STREET ADDRESS **3525 SOUTH OCEAN BLVD**

CITY-ST-ZIP **S PALM BEACH FL**

TITLE **DT** ☐ DELETE

NAME **LEE, SHARON**

STREET ADDRESS **3525 SOUTH OCEAN BLVD. #109**

CITY-ST-ZIP **S PALM BCH FL**

TITLE **VD** ☐ DELETE

NAME **DESROCHES, LEONARD**

STREET ADDRESS **3525 S OCEAN BLVD #107**

CITY-ST-ZIP **S. PALM BEACH FL**

TITLE **D** ☐ DELETE

NAME **ROSENGARTEN, CLAIRE**

STREET ADDRESS **3525 SOUTH OCEAN BLVD. #408**

CITY-ST-ZIP **S. PALM BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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)(c), 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

Rita Larensen, Pres. 3/13/96

Date

Daytime phone #

CR2E037 (12/95)