

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

3525 SOUTH OCEAN BLVD., #105
PALM BEACH FL 334803525 SOUTH OCEAN BLVD., #105
PALM BEACH FL 33480-57903. Date Incorporated or Qualified
06/24/19853a. Date of Last Report
03/20/19964. FEI Number
59-2657128Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ASSOCIATION PROP MGMT
400 S DIXIE HWY
STE 10
LAKE WORTH FL 33460

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|-----------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | LARENSEN, RITA | |
| STREET ADDRESS | 3525 S OCEAN BLVD | |
| CITY - ST - ZIP | S PALM BEACH FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | GRAVE, FRED | |
| STREET ADDRESS | 3525 SOUTH OCEAN BLVD | |
| CITY - ST - ZIP | S PALM BEACH FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | TRAUTMAN, PAULINE | |
| STREET ADDRESS | 3525 SOUTH OCEAN BLVD | |
| CITY - ST - ZIP | S PALM BEACH FL | |
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | LEE, SHARON | |
| STREET ADDRESS | 3525 SOUTH OCEAN BLVD. #109 | |
| CITY - ST - ZIP | S PALM BCH FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | DESROCHES, LEONARD | |
| STREET ADDRESS | 3525 S OCEAN BLVD #107 | |
| CITY - ST - ZIP | S. PALM BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ROSENGARTER, CLAIRE | |
| STREET ADDRESS | 3525 SOUTH OCEAN BLVD. #408 | |
| CITY - ST - ZIP | S. PALM BEACH FL | |

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 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 | <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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97

Date

582 0193

Daytime Phone # 0039400

CR2E037 (9/96)