


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90091 047 ****61.25

DOCUMENT # N09913			
1. Entity Name LAKWOOD AT PALM BEACH CONDOMINIUM ASSOCIATION, INC.		Principal Place of Business 3525 SOUTH OCEAN BLVD., #105 PALM BEACH, FL 33480	
Mailing Address ASSOC. PROP. MGMT. 1928 LAKE WORTH RD LAKE WORTH, FL 33461 US		20022854	
2. Principal Place of Business		3. Mailing Address C/O GOLDMAN, JUDA & MARTIN	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE PH-1 8211 W. BROWARD BLVD.	
City & State PLANTATION FL		City & State PLANTATION FL	
Zip 33324	Country USA	4. FEI Number 59-2657128	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASSOCIATION PROP MGMT 1928 LAKE WORTH RD LAKE WORTH, FL 33461		7. Name and Address of New Registered Agent Name SACHS SAX & KLEIN P.A. Street Address (P.O. Box Number is Not Acceptable) ATTN: LOU CAPLAN 301 YAMATO ROAD, SUITE 4150 City BOCA RATON FL Zip Code 33431	
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 <i>Nancy Neuffer</i>		DATE 3/9/05.	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PTD	KUNTZ, WILLIAM STREET ADDRESS 29 MANOR DR. CITY-ST-ZIP REHOBOTH BEACH, DE 19971	<input checked="" type="checkbox"/> Delete	TITLE PD
TITLE VD	BISSONNETTE, BERNICE STREET ADDRESS PO BOX 37 CITY-ST-ZIP HALE, MI 48739	<input checked="" type="checkbox"/> Delete	NAME NANCY NEUFFER STREET ADDRESS 3525 SOUTH OCEAN BLVD., # 208 CITY-ST-ZIP PALM BEACH, FL 33480
<input type="checkbox"/> Change	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	<input type="checkbox"/> Change
TITLE SD	BENSON, NEIL STREET ADDRESS 4255 EISEN HOWER CIR. CITY-ST-ZIP HOFFMAN ESTATES, IL 60195	<input type="checkbox"/> Delete	TITLE SD
<input type="checkbox"/> Change	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME NEIL BENSON STREET ADDRESS 3525 S. OCEAN BLVD., # 302 CITY-ST-ZIP PALM BEACH, FL 33480
TITLE D	LOVRENCIC, SOFITA STREET ADDRESS 3525 S. OCEAN BLVD #403 CITY-ST-ZIP SPB, DL 33480	<input checked="" type="checkbox"/> Delete	TITLE VTD
<input type="checkbox"/> Change	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME ROBERT JACKSON STREET ADDRESS 3525 S. OCEAN BLVD., #109 CITY-ST-ZIP PALM BEACH, FL 33480
TITLE D	RANDALL, HOLLY ADELE STREET ADDRESS 3525 S. OCEAN BLVD #211 CITY-ST-ZIP PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change
<input type="checkbox"/> Change	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	<input type="checkbox"/> Change
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			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 information.			
SIGNATURE: <i>Nancy Neuffer Pres</i>		Date 3-9-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 954-577-9700	