

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09913

FILED
Jan 27, 2009
Secretary of State

Entity Name: LAKEWOOD AT PALM BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3525 SOUTH OCEAN BLVD.
SUITE #105
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

C/O GOLDMAN, JUDA & MARTIN
8211 W BROWARD BLVD PH-1
PLANTATION, FL 33324 US

New Mailing Address:

C/O GOLDMAN, JUDA & ESKEW, P.A.
8211 W BROWARD BLVD PH-1
PLANTATION, FL 33324 US

FEI Number: 59-2657128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST. JOHN, CORE, FIORE & LEMME
1601 FORUM PLACE
CENTURION TOWER SUITE #701
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BISCONNETTE, BERNICE
Address: 3525 S. OCEAN BLVD. #212
City-St-Zip: PALM BEACH, FL 33480

Title: SD () Delete
Name: BENSON, NEIL
Address: 3525 S OCEAN BLVD #302
City-St-Zip: PALM BEACH, FL 33480

Title: TD () Delete
Name: FREDERICK, GRAVE
Address: 3525 SOUTH OCEAN BLVD. #106
City-St-Zip: PALM BEACH, FL 33480

Title: VP () Delete
Name: COHEN, STEVEN
Address: 3525 S. OCEAN BLVD. #210
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BISCONNETTE, BERNICE
Address: 3525 S. OCEAN BLVD. #212
City-St-Zip: PALM BEACH, FL 33480

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNICE BISCONNETTE

PD

01/27/2009

Electronic Signature of Signing Officer or Director

_____ Date