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NONPROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48744

1. Corporation Name

LAKE PLACE OF THE PALM BEACHES CONDOMINIUM ASSOC IATION, INC.

Principal Place of Business	Mailing Address
600 EXECUTIVE CENTER DRIVE WEST PALM BEACH FL 33401 US	600 EXECUTIVE CENTER DRIVE WEST PALM BEACH FL 33401 US

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

3. Date Incorporated or Qualifed: 05/06/1992

4. FEI Number: 65-0288402 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ST. JOHN, DICKER & CAPLAN
500 AUSTRALIAN AVENUE SOUTH, SUITE 600
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE	PTD	☒ Change ☐ Addition
NAME	PERRAS, ROBERT		1.2 NAME	PHILIPPE PARE	
STREET ADDRESS	602 EXECUTIVE CENTER DR., STE. 105		1.3 STREET ADDRESS	376 De La CORNICHE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		1.4 CITY-ST-ZIP	ST-NICOLAS Qc CANADA G7A 2Y4	
TITLE	VPD	☐ DELETE	2.1 TITLE	VPD	☐ Change ☐ Addition
NAME	PROULX, COURCELLES		2.2 NAME	PROULX COURCELLES	
STREET ADDRESS	9316 MARIE-VICTORIN CONTRECE		2.3 STREET ADDRESS	9316 MARIE-VICTORIN	
CITY-ST-ZIP	QUEBEC CA JOLIC-O		2.4 CITY-ST-ZIP	CONTRECOEUR Qc CANADA J0L 1C0	
TITLE	SD	☐ DELETE	3.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	MOUSSEAU, JACQUES		3.2 NAME	BELVAL RENE	
STREET ADDRESS	234 AVENUE DES VOYAGEURS		3.3 STREET ADDRESS	2774 SANCERRE	
CITY-ST-ZIP	AYLMER, QUEBEC CANANDA J3Y-7B1		3.4 CITY-ST-ZIP	MASCOUCHE Qc CANADA J7K 1H3	
TITLE	D	☐ DELETE	4.1 TITLE	LECLAIR MAURICE	☐ Change ☒ Addition
NAME	PARE, PHILIPPE		4.2 NAME	6880, BOUL. DES ROSERAIES	
STREET ADDRESS	376 DE LA CORNICHE		4.3 STREET ADDRESS	VILLE D'ANJOU Qc CANADA H1M3R7	
CITY-ST-ZIP	SAINT-NICOLAS, QUEBEC CANADA G06-2Z0		4.4 CITY-ST-ZIP	DIRECTOR	
TITLE		☐ DELETE	5.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME			5.2 NAME	SOULARD PIERRE	
STREET ADDRESS			5.3 STREET ADDRESS	3999, MEIG'S	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	DUNHAM Qc CANADA J0E 1M0	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Philippe Pare SIGNATURE REQUIRED PHILIPPE PARE Jan 13-1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #