2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State
02-02-2005 90048 047 ****61.25

DOCUMENT # N48744

1. Entity Name

LAKE PLACE OF THE PALM BEACHES CONDOMINIUM ASSOCIATION, 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

1st MOORE CR2E037 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORE FLORE, LEMME 500 AUSTRALIAN AVENUE SOUTH, SUITE 600 WEST PALM BEACH FL 33401	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S KALISKY, PETER 850 PLACE DES GRANDS DVCS ST. BRUNO QL CA j3-v6e4	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PROULX, COURCELLES 9316 MARIE-VICTORIN COUNTRECOEVR CA JOLIC-O	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ZABOWSKI, THEODORE 602 EXECUTIVE CENTER DR #203 WEST PALM BEACH FL 33401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAZAROVIC JACOB 1941 N.W. 25TH Street BOCA RATON FL 33431	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD PARE, PHILIPPE 376 DE LA CORNICHE SAITN NICHOLAS, QUEBEC 67a- 244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LECLAIR, MAURICE 376 LANGUEDOC #9 BOUCHERVILLE, QUEBEC CA j4b- 3r3	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LECLAIR MAURICE 376 LANGUE DOC #9 BOUCHERVILLE Qc CA J4B 8K3	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR