2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State
07-21-2006 90026 003 ****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

401000--

07062006 Chg-NP CR2E037 (4/06)

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

CORE FLORE, LEMME
500 AUSTRALIAN AVENUE SOUTH, SUITE 600
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name SAME
Street Address (P.O. Box Number is Not Acceptable) CENTURION TOWER SUITE 701
1601 FORUM PLACE
City W.P.B. FL Zip Code 33401

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

Filing Fee is $61.25
Due by September 6, 2006

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 j3v6e4	☐ 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 JOLICO	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAZAROVIC, JACOB 1941 NORTHWEST 25TH STREET BOCA RATON, FL 33431	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACOBY MEGAN 612-205 EXECUTIVE CIR DR. W.P.B. FL 33401	☐ 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	T LECLAIR, MAURICE 376 LANGUEDOC #9 BOUCHERVILLE, QUEBEC, CA j4b 3r3	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 exemptions contained 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 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: _____ PETER KALISKY (S) July 6/06 450-676-8282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #