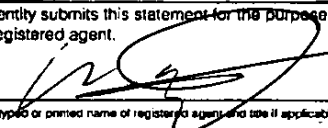
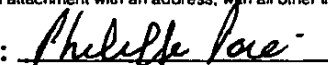


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

01-29-2007 90101 028 ****61.25

DOCUMENT # N48744 1. Entity Name LAKE PLACE OF THE PALM BEACHES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 600 EXECUTIVE CENTER DRIVE WEST PALM BEACH, FL 33401 US			Mailing Address 600 EXECUTIVE CENTER DRIVE WEST PALM BEACH, FL 33401 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0288402	
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 CENTURION TOWER SUITE 701 1601 FORUM PLACE WEST PALM BEACH, FL 33401			Name RICHARD P. ZARETSKY Street Address (P.O. Box Number is Not Acceptable) 1655 Palm Beach Lakes BLVD #900 West Palm Beach City 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  Feb 20, 2007 Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when re-registering) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		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	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	KALISKY, PETER		NAME		
STREET ADDRESS	850 PLACE DES GRANDS DVCS		STREET ADDRESS		
CITY-ST-ZIP	ST. BRUNO QL, CA j3v6e4		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PROULX, COURCELLES		NAME		
STREET ADDRESS	9318 MARIE-VICTORIN		STREET ADDRESS		
CITY-ST-ZIP	COUNTRECOEVR, CA JOLICO		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	JACOBY, MEGAN		NAME		
STREET ADDRESS	613-205 EXECUTIVE CTR DR.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	PTD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PARE, PHILIPPE		NAME		
STREET ADDRESS	376 DE LA CORNICHE		STREET ADDRESS		
CITY-ST-ZIP	SAITN NICHOLAS, QUEBEC, 67a 244		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LECLAIR, MAURICE		NAME		
STREET ADDRESS	376 LANGUEDOC #9		STREET ADDRESS		
CITY-ST-ZIP	BOUCHERVILLE, QUEBEC, CA j4b 3r3		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
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 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:  PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Jan. 25-07 561-689-7016 Date Daytime Phone #		