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	Mailing Address
600 EXECUTIVE CENTER DRIVE WEST PALM BEACH, FL 33401 US	600 EXECUTIVE CENTER DRIVE WEST PALM BEACH, FL 33401 US

01162007 Chg-NP CR2E037 (12/06)

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 ☐ 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 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 City West Palm Beach 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 / 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 JACOBY, MEGAN 613-205 EXECUTIVE CTR DR. WEST PALM BEACH, FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Philippe Pare' PRESIDENT Jan. 25-07 561-689-7016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #