


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90240 029 \*\*\*\*70.00

**DOCUMENT # N99000003604**

1. Entity Name  
**PERLE DU LAC CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**660 OSCEOLA AVENUE  
 WINTER PARK, FL 32789**

Mailing Address  
**660 OSCEOLA AVENUE  
 WINTER PARK, FL 32789**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**660 Osceola Avenue  
 Box 16**

City & State  
**WINTER PARK, FL**

Zip  
**32789**

Country  
**ORANGE**

02272006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3645158**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BEN-ZEEV, RON  
 2414 MANDAN TRAIL  
 WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent  
 Name **JOANNA PIETROWSKI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**660 OSCEOLA AVENUE  
 Box 16**  
 City **WINTER PARK FL** Zip Code **32789**

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 JOANNA PIETROWSKI [Signature] **3-17-2006**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25 Due by May 1, 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

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	BEN-ZEEV, RON	
STREET ADDRESS	2414 MANDAN TRAIL	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	BEN-ZEEV, HANAN	
STREET ADDRESS	662 OSCEOLA AVE	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEN-ZEEV, ERIKA	
STREET ADDRESS	2414 MANDAN TRAIL	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY KRISTAL	
STREET ADDRESS	662 OSCEOLA AVE #201	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Chuplis	
STREET ADDRESS	660 OSCEOLA AVE #105	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH P. POPPLE	
STREET ADDRESS	664 OSCEOLA AVE #302	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RON LIVINGSTONE	
STREET ADDRESS	664 OSCEOLA AVE #301	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIS KNUOSEN	
STREET ADDRESS	660 OSCEOLA AVE #104	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Joseph P. Popple **JOSEPH P. POPPLE** **3-17-2006** **407-647-8105**  
Signature, typed or printed name of signing officer or director Date Daytime Phone #