FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:26

DOCUMENT # **723157** (4)

1. Corporation Name

PALM LAKE CONDOMINIUM INC.

Principal Place of Business	Mailing Address
1502 SOUTH LAKESIDE DRIVE #119 LAKE WORTH FL 33460	1502 SOUTH LAKESIDE DRIVE #119 LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1972
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-1537743 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	20 Attn: Rep. 1776/1st
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 400 S. Dixie Hwy #10
City & State 23	City & State 28 Lake Worth, Florida
Zip 24 / Country 25	Zip 29 33460 / Country 30 USA

9. Name and Address of Current Registered Agent

ASSOCIATED PROPERTY MANAGEMENT
400 S. DIXIE HIGHWAY SUITE 10
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	KORVA, EERO SILLAN	12 NAME	
STREET ADDRESS	1502 S LAKESIDE DR #219	13 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	14 CITY-ST-ZIP	
TITLE	~~PD~~	21 TITLE	PID ☐ Change ☐ Addition
NAME	~~RISCAVAGE, CHARLES~~	22 NAME	O.R. Thoureen
STREET ADDRESS	~~1516 S LAKESIDE DR #201~~	23 STREET ADDRESS	1502 S. Lakeside Drive
CITY-ST-ZIP	~~LK WORTH, FL 00000~~	24 CITY-ST-ZIP	Lake Worth, Fl
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	MARCIN, EDWARD	32 NAME	
STREET ADDRESS	1516 S LAKESIDE DR #212	33 STREET ADDRESS	
CITY-ST-ZIP	LK WORTH, FL 00000	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	MCDOWELL, ELDRIDGE	42 NAME	
STREET ADDRESS	1516 S LAKESIDE DR #112	43 STREET ADDRESS	
CITY-ST-ZIP	LK WORTH, FL 00000	44 CITY-ST-ZIP	
TITLE	~~D~~	51 TITLE	SID ☐ Change ☐ Addition
NAME	~~SHOEMAKER, KEN~~	52 NAME	Virve Soderblom
STREET ADDRESS	~~1516 S LAKESIDE #211S~~	53 STREET ADDRESS	1516 S. Lakeside Drive
CITY-ST-ZIP	~~LK WORTH, FL 00000~~	54 CITY-ST-ZIP	Lake Worth, Fl
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E.R. McDowell E.R. McDowell 2-7-95 407-588-3599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0018043