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Feb 24 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N09913 (7)

1. Corporation Name
LAKEWOOD AT PALM BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3525 SOUTH OCEAN BLVD., #105
PALM BEACH FL 33480

3525 SOUTH OCEAN BLVD., #105
PALM BEACH FL 33480

3. Date Incorporated or Qualified

06/24/1985

4. FEI Number

59-2657128

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Assoc. Prop. Mgmt.
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Lake Worth, FL
Zip Country
29 33460 30 USA

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ASSOCIATION PROP MGMT
400 S DIXIE HWY
STE 10
LAKE WORTH FL 33480

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
LARENSEN, RITA
3525 S OCEAN BLVD
S PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
TRAUTMAN, PAULINE
3525 SOUTH OCEAN BLVD
S PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DT
LEE, SHARON
3525 SOUTH OCEAN BLVD. #109
S PALM BCH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
DESROCHES, LEONARD
3525 S OCEAN BLVD #107
S. PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ROSENGARTER, CLAIRE
3525 SOUTH OCEAN BLVD. #408
S. PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Kuntz, William
3525 South Ocean Blvd, #211
S. P. B. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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:

SIGNATURE OF OFFICER: Rita Larsen

CR2E037 (10/97)