


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 757949 1. Entity Name LA PENSEE CONDOMINIUM ASSOCIATION, INC.	
--	---

Principal Place of Business 4000 S OCEAN BLVD PALM BEACH, FL 33480	Mailing Address 4000 S OCEAN BLVD PALM BEACH, FL 33480
--	--

**DO NOT WRITE IN THIS SPACE**



03052004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2693162	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  DICKER, EDWARD 1818 AUSTRALIAN AVE, S SUITE 400 W PALM BEACH, FL 33409	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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 \_\_\_\_\_  
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, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000088623 03/15/04-80058-015 61.25
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACRAE, JEANETTE 4000 S. OCEAN BLVD., #302 PALM BEACH, 33 480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, JOHN 4000 SO. OCEAN BLVD. APT. #601 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALVATZIS, LOU 4000 S OCEAN BLVD #401 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANPEDRO, NANCY 4000 S OCEAN BLVD, #304 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, STUART 4000 S OCEAN BLVD, #503 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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: Jeanette Macrae, PRES 03/10/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #