

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90564 030 ****61.25

DOCUMENT # N04655

1. Entity Name

**LAVES RESORT & RACQUET CLUB "B" CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**4350 NW 19TH AVE STE C
POMPANO BEACH FL 33064
US**

Mailing Address

**PO BOX 97-0069
BOCA RATON FL 33497-0069
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2756627

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

**PALOMBI, GARY
4350 NW 19TH AVE STE C
POMPANO BEACH FL 33064**

Name

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

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 **VD** ☒ Delete
NAME **KERKHOVEN, ED**
STREET ADDRESS **955 EGRET CIRCLE**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **Katharine McMillan** ☐ Change ☒ Addition
NAME **955 Egret Cir B-308**
STREET ADDRESS **DELRAY BEACH FL 33444**
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **CHAPIN, ELIZABETH**
STREET ADDRESS **955 EGRET CIRCLE**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **ADELSTEIN, SHARON**
STREET ADDRESS **633 EAST DRIVE**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **Karen R. Pegwetter** ☐ Change ☒ Addition
NAME **955 Egret Cir B404**
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **RAISS, RENZO**
STREET ADDRESS **955 EGRET CIRCLE**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **D Dennis Koch** ☐ Change ☒ Addition
NAME **955 Egret Cir B103**
STREET ADDRESS **DELRAY BEACH FL 33444**
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **LEACH, DUNCAN**
STREET ADDRESS **955 EGRET CIR B306**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **RENATE, RAISS**
STREET ADDRESS **955 EGRET CIR B105**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **D Pamela Leach** ☐ Change ☒ Addition
NAME **955 Egret Cir B306**
STREET ADDRESS **DELRAY BEACH FL 33444**
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #