


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90006 005 ****61.25

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|---|---|
| DOCUMENT # N09913 1. Entity Name LAKEWOOD AT PALM BEACH CONDOMINIUM ASSOCIATION, INC. |  |
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| Principal Place of Business 3525 SOUTH OCEAN BLVD., #105 PALM BEACH, FL 33480 | Mailing Address C/O GOLDMAN, JUDA & MARTIN 8211 W BROWARD BLVD PH-1 PLANTATION, FL 33324 US |
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40023007



02282006 No Chg-NP CR2E037 (11/05)

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| 4. FEI Number 59-2657128 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent SACH, SAX, & KLEIN PA ATTN: LOU CAPLAN 301 YAMATO ROAD STE 4150 BOCA RATON, FL 33431 |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|----------------------------|----------------------------|
| TITLE | PTD |
| NAME | NEUFFER, NANCY |
| STREET ADDRESS | 3525 SOUTH OCEAN BLVD #208 |
| CITY-ST-ZIP | PALM BEACH, FL 33480 |
| TITLE | SD |
| NAME | BENSON, NEIL |
| STREET ADDRESS | 3525 S OCEAN BLVD #302 |
| CITY-ST-ZIP | PALM BEACH, FL 33480 |
| TITLE | VTD |
| NAME | JACKSON, ROBERT |
| STREET ADDRESS | 3525 S OCEAN BLVD #109 |
| CITY-ST-ZIP | PALM BEACH, FL 33480 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: R. JACKSON VPD 3-3-6 561-273-1157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #