

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717156

Entity Name: LA PALMA CONDOMINIUM APARTMENT ASSOCIATION, INC.**Current Principal Place of Business:**2860 S. OCEAN BLVD.
PALM BEACH, FL 33480**Current Mailing Address:**2860 S. OCEAN BLVD.
PALM BEACH, FL 33480**FEI Number: 59-1349343****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DELLINGER, SHARON
2860 S. OCEAN BLVD.
PALM BEACH, FL 33480 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	RYAN, JAMES, E.
Address	2860 S. OCEAN BLVD
City-State-Zip:	PALM BCH FL 33480

Title	DIRECTOR
Name	O DONNELL, TERRANCE
Address	2860 S OCEAN BLVD
City-State-Zip:	PALM BCH FL 33480

Title	VP
Name	LILLY, KATHRYN
Address	2860 S. OCEAN BLVD
City-State-Zip:	PALM BEACH FL 33480

Title	DIRECTOR
Name	WAAS, STEVE
Address	2860 S OCEAN BLVD
City-State-Zip:	PALM BEACH FL 33480

Title	SECRETARY
Name	BLANCO, CHRISANA
Address	2860 S OCEAN BLVD
City-State-Zip:	PALM BEACH FL 33480

Title	TREASURER
Name	TERMINI, CARLA
Address	2860 S. OCEAN BLVD.
City-State-Zip:	PALM BEACH FL 33480

Title	DIRECTOR
Name	FABRIZIO, SARAH
Address	2860 S. OCEAN BLVD.
City-State-Zip:	PALM BEACH FL 33480

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRISANA BLANCO**SECRETARY****03/12/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date