

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717156

**Entity Name:** LA PALMA CONDOMINIUM APARTMENT ASSOCIATION, INC.

**FILED**  
**Apr 09, 2020**  
**Secretary of State**  
**8680709183CC**

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

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

Title            TREASURER  
Name            WEISS, MONROE  
Address        2860 S. OCEAN BLVD #607  
City-State-Zip: PAL;M BEACH FL 33480

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

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

Title            DIRECTOR  
Name            MININNO, LINDA  
Address        2860 S. OCEAN BLVD.  
                  603  
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**

**04/09/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date