

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000000913

**Entity Name:** PARK PLACE AT THE LAKES CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 24, 2017**  
**Secretary of State**  
**CC8854384491**

**Current Principal Place of Business:**

1630 PRESIDENTIAL WAY  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

FIRSTSERVICE RESIDENTIAL  
11621 KEW GARDENS AVENUE SUITE 200  
PALM BEACH GARDENS, FL 33410 US

**FEI Number:** 20-1221933

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TIGHE, THOMAS  
TUCKER & TIGHE P.A.  
800 EAST BROWARD BLVD. SUITE 710  
FORT LAUDERDALE, FL 33301 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:** THOMAS J. TIGHE

**03/24/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BRATTER, ADAM  
Address        1620 PRESIDENTIAL WAY  
                  UNIT B208  
City-State-Zip: WEST PALM BEACH FL 33401

Title            VP  
Name            JAKOVLJEVIC, ANKA  
Address        1650 PRESIDENTIAL WAY  
                  UNIT A202  
City-State-Zip: WEST PALM BEACH FL 33401

Title            TREASURER  
Name            MARSH, PATRICIA  
Address        1610 PRESIDENTIAL WAY  
                  UNIT B305  
City-State-Zip: WEST PALM BEACH FL 33401

Title            SECRETARY  
Name            ATANASOVSKA, BILJANA  
Address        1650 PRESIDENTIAL WAY  
                  UNIT A402  
City-State-Zip: WEST PALM BEACH FL 33401

Title            ASST. SECRETARY  
Name            KATS, ARON  
Address        110 BEVERLY PL.  
City-State-Zip: LEVITTOWN NY 11756

*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:** BILJANA ATANASOVSKA

**SECRETARY**

**03/24/2017**

Electronic Signature of Signing Officer/Director Detail

Date