

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000913

FILED
Jan 09, 2014
Secretary of State
CC5977589321**Entity Name:** PARK PLACE AT THE LAKES CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1630 PRESIDENTIAL WAY
WEST PALM BEACH, FL 33401**Current Mailing Address:**FIRSTSERVICE RESIDENTIAL
2074 INDIANTOWN RD SUITE 200
JUPITER, FL 33458 US**FEI Number:** 20-1221933**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**YARNELL, BRYAN JPLLC
11000 PROSPERITY FARMS RD.
PALM BCH GARDENS, FL 33410 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	TREASURER
Name	LIVIS, MILLEN
Address	3330 FAIRCHILD GARDENS AVE. #30212
City-State-Zip:	WEST PALM BEACH FL 33420
Title	VP
Name	TERRY, ALAN
Address	1650 PRESIDENTIAL WAY UNIT A402
City-State-Zip:	WEST PALM BEACH FL 33401
Title	SECRETARY
Name	STEFAN, HEIDI
Address	1620 PRESIDENTIAL WAY, UNIT B310
City-State-Zip:	WEST PALM BEACH FL 33401

Title	ASST. SECRETARY
Name	ORTIZ, CARLOS
Address	1620 PRESIDENTIAL WAY, UNIT B406
City-State-Zip:	WEST PALM BEACH FL 33401
Title	PRESIDENT
Name	SELIVANOFF, PETER
Address	1640 PRESIDENTIAL WAY, UNIT PH1
City-State-Zip:	WEST PALM BEACH FL 33401
Title	MGR
Name	BRITT, HARRY A
Address	1630 PRESIDENTIAL WAY
City-State-Zip:	WEST PALM BEACH FL 33401

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: HARRY BRITT**PROPERTY MANAGER****01/09/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date