

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48744

Entity Name: LAKE PLACE OF THE PALM BEACHES CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**600 EXECUTIVE CENTER DRIVE
WEST PALM BEACH, FL 33401**Current Mailing Address:**600 EXECUTIVE CENTER DRIVE
WEST PALM BEACH, FL 33401 US**FEI Number:** 65-0288402**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZARETSKY, RICHARD P
1655 PALM BEACH LAKES BLVD. #900
WEST PALM BEACH, FL 33401 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	S
Name	KALISKY, PETER
Address	850 PLACER DES GRANDS DUCS
City-State-Zip:	ST->BRUNO J3V6E4

Title	VP
Name	BRUNETTA, MARTIN SR.
Address	7620 AVE DU RHÔNE
City-State-Zip:	ANJOU QC K1K 4H5

Title	D
Name	JACOBY, MEGAN
Address	612-205 EXECUTIVE CTR DR.
City-State-Zip:	WEST PALM BEACH FL 33401

Title	TREASURER
Name	PARE, PHILIPPE SR.
Address	785 RUE LÉONARD #302
City-State-Zip:	QUEBEC QC CANADA G1X 5H8

Title	PRESIDENT
Name	TRUDELLE, DENIS SR.
Address	660 CHEMIN DU LAC
City-State-Zip:	STE-CATHERINE DE HATLEY QC, CANADA J0B 1W0

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: PHILIPPE PARE**TREASURER****02/11/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date