

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morsham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 702845 (9)
1. Corporation Name
LA FONTANA APARTMENTS OF PALM BEACH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2800 N FLAGLER DRIVE 2800 N FLAGLER DRIVE
W. PALM BCH. FL 33407 W. PALM BCH. FL 33407

3. Date Incorporated or Qualified **08/29/1961** 3a. Date of Last Report **06/07/1994**

4. FEI Number **59-1050471** Applied For ☐
Not Applicable ☐

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**KALB, LUCIE B
2800 N. FLAGLER DR.
APT. #315
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PO**
NAME **KALB, LUCIE**
STREET ADDRESS **2800 N FLAGLER DR**
CITY-ST-ZIP **W. PALM BCH. FL 33407**

TITLE **VD**
NAME **LENNON, FRANK**
STREET ADDRESS **2800 N FLAGLER DR**
CITY-ST-ZIP **W. PALM BCH. FL 33407**

TITLE **SD**
NAME **SILVERMAN, BERT**
STREET ADDRESS **2800 N FLAGLER DR**
CITY-ST-ZIP **W. PALM BCH. FL 33407**

TITLE **TD**
NAME **MIRSKY, JOSEPH**
STREET ADDRESS **2800 N. FLAGLER DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**Secretary-B.O.D.
Wiener, Harry
2800 No. Flagler Dr.
West Palm Beach, Fl. 33407**
**Treasurer-B.O.D.
Engelsen, Howard
2800 No. Flagler Dr.
West Palm Beach, Fl. 33407**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lucie B. Kalb

LUCIE B. KALB

04/27/95

407-610-0711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lucie Kalb - President