
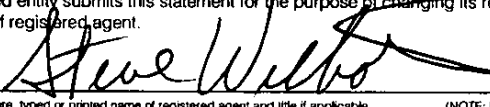
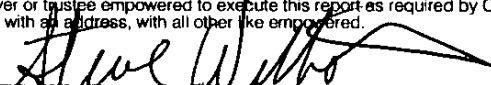


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90124 033 ****61.25

DOCUMENT # 702845 1. Entity Name LA FONTANA APARTMENTS OF PALM BEACH, INC.					
Principal Place of Business 2800 N FLAGLER DRIVE W. PALM BCH., FL 33407				Mailing Address 2800 N FLAGLER DRIVE W. PALM BCH., FL 33407	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1050471 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				05082007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent EIFLER, JAMES 2800 NO. FLAGLER DRIVE APT. #305 WEST PALM BEACH, FL 33407			7. Name and Address of New Registered Agent Name WILBORN, STEVE Street Address (P.O. Box Number is Not Acceptable) 2800 N FLAGLER DR 814 City W PALM BCH FL Zip Code 33407		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  7/12/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WAGNER, GISA 2800 N. FLAGLER DR, #605 W PALM BCH, FL 33407	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WILBORN, STEVE 2800 N FLAGLER DR 814 W PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD CHACE, JOY 2800 N. FLAGLER DRIVE, # 505 WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT HYSLOP, CLAY 2800 N FLAGLER DR 811 W PALM BCH, FL 33407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LA TORRA, ALBERT DR 2800 N. FLAGLER DRIVE, # 805 W PALM BCH, FL 33407	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY HERRITT, JANE 2800 N FLAGLER DR 314 W PALM BCH, FL 33407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD HYSLOP, CLAY 2800 N FLAGLER DR #811 W PALM BCH, FL 33407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DUMONT, DOMINIQUE 2800 N FLAGLER DR 303 W PALM BCH, 33407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD WILBORN, STEVE 2800 N FLAGLER DR #814 W PALM BCH, FL 33407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD SPUASSONI, SUSAN 2800 N FLAGLER 1007 W PALM BCH, FL 33407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EIFLER, JIM 2800 N FLAGLER DRIVE #308 W. PALM BCH, FL 33407	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD HALL, PAMELA 2800 N FLAGLER DR 606 W PALM BCH, FL 33407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  7/12/07 7025932846 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					