

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90032 009 \*\*\*\*70.00

|  |   |  |   |
|--|---|--|---|
| <b>DOCUMENT # 729222</b><br>1. Entity Name<br>LAKE HARBOUR TOWERS EAST CONDOMINIUM ASSOCIATION, INC.   |   |  |   |
| Principal Place of Business<br>801 LAKE SHORE DRIVE<br>LAKE PARK, FL 33403   |   | Mailing Address<br>801 LAKE SHORE DRIVE<br>LAKE PARK, FL 33403   |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip   |   | 3. Mailing Address<br><b>801 LAKESHORE DR</b><br><b>115</b><br><b>LAKE PARK FL 3</b><br><b>33403</b> <b>PALM BEACH</b>   |   |
| 4. FEI Number<br><b>59-1537805</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required   |   | 01142006 Chg-NP CR2E037 (11/05)  |   |
| 6. Name and Address of Current Registered Agent<br><b>DOLL, JO A</b><br><b>801 LAKE SHORE DR</b><br><b>#516</b><br><b>WEST PALM BEACH, FL 33403</b>  |   | 7. Name and Address of New Registered Agent<br>Name <b>DOLL JO-ANN</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>801 LAKESHORE DR #516</b><br>City <b>LAKE PARK</b> FL <b>33403</b> |   |
| 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 <u><b>Jo-Ann Doll</b></u> <u><b>PRESIDENT</b></u> <u><b>1-17-06</b></u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |  |   |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>DOLL, JO-ANN<br>801 LAKESHORE DR #516<br>LAKE PARK, FL 33403   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>KNAPP, JOAN</b><br><b>801 LAKESHORE DR #203</b><br><b>LAKE PARK FL 33403</b>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T <input checked="" type="checkbox"/> Delete<br>BEDLE, ELISE<br>801 LAKE SHORES DR #603<br>LAKE PARK, FL 33403      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>GERSON, GEORGE</b><br><b>801 LAKESHORE DR #210</b><br><b>LAKE PARK, FL 33403</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input checked="" type="checkbox"/> Delete<br>GABRIEL, SAMUEL<br>801 LAKE SHORE DRIVE #107<br>LAKE PARK, FL 33403 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>PARKER, EVELYN</b><br><b>801 LAKESHORE DR #506</b><br><b>LAKE PARK, FL 33403</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V <input type="checkbox"/> Delete<br>MITCHELL, JOHN<br>801 LAKESHORE DR #805<br>LAKE PARK, FL 33403                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input type="checkbox"/> Delete<br>LOWERY, PETER<br>801 LAKE SHORE DR #406<br>LAKE PARK, FL 33403                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T <input type="checkbox"/> Delete<br>PILZ, MARILYN<br>801 LAKE SHORE DR, # 801<br>LAKE PARK, FL 33403               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input 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: <u><b>Marilyn J. Pilz</b></u> <u><b>MARILYN J. PILZ</b></u> <u><b>1-17-06</b></u> <u><b>561-842-2186</b></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |  |   |