

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90259 038 \*\*\*\*70.00

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<b>DOCUMENT # 739625</b> 1. Entity Name <b>LAKE PATRICK SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>970 S. PATRICK CIR WEST PALM BCH, FL 33406</b>			Mailing Address <b>970 S. PATRICK CIR WEST PALM BCH, FL 33406</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1995329</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>RAYSIDE, WILLIAM E</b> <b>970 S. PATRICK CIR.</b> <b>WEST PALM BCH, FL 33406</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>	
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 _____ <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 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KAZEN, WENDY C</b> <b>910 SOUTH PATRICK CIR.</b> <b>WEST PALM BEACH, FL 33406</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>KAZEN, WENDY C</b> <b>910 SOUTH PATRICK CIR.</b> <b>WEST PALM BEACH, FL 33406</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>CLARK, BOBBIE R</b> <b>949 PATRICK DR</b> <b>W. PALM BCH., FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>WAGNER, VICTORIA</b> <b>2754 NORTH PATRICK CIRCLE</b> <b>WEST PALM BEACH, FL 33406</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GROTH, WILLIAM M</b> <b>994 SOUTH PATRICK CIR.</b> <b>WEST PALM BEACH, FL 33406</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GROTH, WILLIAM M.</b> <b>994 SOUTH PATRICK CIR.</b> <b>WEST PALM BEACH, FL 33406</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>RAYSIDE, WILLIAM E.</b> <b>970 S. PATRICK CIRCLE</b> <b>WEST PALM BCH, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RAYSIDE, WILLIAM E.</b> <b>970 SOUTH PATRICK CIRCLE</b> <b>WEST PALM BEACH, FL 33406</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>LUZIETTI, ALBERT J</b> <b>874 W PATRICK CIR</b> <b>WEST PALM BEACH, FL 33406</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LITSCHAUER, BARI</b> <b>967 PATRICK DRIVE</b> <b>WEST PALM BEACH, FL 33406</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LITSCHAUER, RONALD</b> <b>967 PATRICK DRIVE</b> <b>WEST PALM BEACH, FL 33406</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FLOYD, CHARLA</b> <b>984 SOUTH PATRICK CIRCLE</b> <b>WEST PALM BEACH, FL 33406</b>	<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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: <i>A. J. Luzietti</i> A. J. LUZIETTI, TREAS. 03/30/2005 561-684-6937</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					