FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 1:51

DOCUMENT # 747159 (2)

1. Corporation Name

OPERATING ASSOCIATION FOR PALM LAKES CONDOMINIUM , INC.

Principal Place of Business	Mailing Address
7230 LAKE CIRCLE DR. MARGATE FL 33063-6719	7230 LAKE CIRCLE DR. MARGATE FL 33063-6719

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1979
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-1913454 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BECKER & GARY A POLIAKOFF P A
3111 STIRLING ROAD
FT. LAUDERDALE FL 33312-3525

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P/D	☒ Change ☐ Addition
NAME	FEINSILVER, AVE	12 NAME	Westreich, Jerome	
STREET ADDRESS	480 N.W. 6 AVE.	13 STREET ADDRESS	260 N W 76th Ave.	
CITY-ST-ZIP	MARGATE FL	14 CITY-ST-ZIP	Margate, Fl. 33063	
TITLE	VP	21 TITLE	VP /D	☒ Change ☐ Addition
NAME	BARON, IRVING	22 NAME	Baron, Albert	
STREET ADDRESS	260 N.W. 1ST ST.	23 STREET ADDRESS	7561 N W 1st St.	
CITY-ST-ZIP	MARGATE FL	24 CITY-ST-ZIP	Margate, Fl. 33063	
TITLE	VP	31 TITLE		☐ Change ☐ Addition
NAME	DE FILIPPIS, JOSEPH	32 NAME		
STREET ADDRESS	480 N.W. 76TH AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL	34 CITY-ST-ZIP		
TITLE	T	41 TITLE	T/D	☒ Change ☐ Addition
NAME	MUTNICK, JOYCE	42 NAME	Borok, Leonard	
STREET ADDRESS	383 ROCK ISLAND RD.	43 STREET ADDRESS	260 N W 76th Ave.	
CITY-ST-ZIP	MARGATE FL	44 CITY-ST-ZIP	Margate, Fl. 33063	
TITLE	D	51 TITLE	Sec'y/D	☒ Change ☐ Addition
NAME	TIRSCHWELL, ED	52 NAME	Ruthauser, Bert	
STREET ADDRESS	383 ROCK ISLAND RD.	53 STREET ADDRESS	370 N W 76th Ave	
CITY-ST-ZIP	MARGATE FL	54 CITY-ST-ZIP	Margate, Fl.33063	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	WESTREICH, JEROME	62 NAME	Becker, Toni	
STREET ADDRESS	260 N.W. 76TH AVE.	63 STREET ADDRESS	7210 Lake Circle Dr.	
CITY-ST-ZIP	MARGATE FL	64 CITY-ST-ZIP	Margate, Fl. 33063	

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 119.07(3)(i), 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 added by attachment with an address.

SIGNATURE: Leonard Borok LEONARD BOROK 03/06/95 (305) 971-1719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #