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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 33063-8719	7230 LAKE CIRCLE DR. MARGATE FL 33063-4837

3. Date Incorporated or Qualified: 05/14/1979
3a. Date of Last Report: 06/12/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26: c/o Summit
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27: P.O. Box 189018
City & State — 23:
City & State — 28: Plantation FL
Zip — 24: Country — 25:
Zip — 29: 33318 Country — 30: USA

4. FEI Number: 59-1913454 ☐ Applied For ☐ Not Applicable

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

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

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 617.0502 and 617.1508, 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 617.0503, 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	PD	☑ DELETE	1.1 TITLE	PD	☐ Change ☑ Addition
NAME	RUTHANUSER, BERT		1.2 NAME	Feinsilver, Abe	
STREET ADDRESS	370 NW 76 AVE.		1.3 STREET ADDRESS	480 NW 76TH AVE #401	
CITY-ST-ZIP	MARGATE FL		1.4 CITY-ST-ZIP	MARGATE, FL	
TITLE	VPTD	☑ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	BARON, ALBERT		2.2 NAME	HARRIS, IDA	
STREET ADDRESS	7561 NW 1ST ST.		2.3 STREET ADDRESS	7320 LAKE Circle Dr #102	
CITY-ST-ZIP	MARGATE FL		2.4 CITY-ST-ZIP	MARGATE FL	
TITLE	VP	☐ DELETE	3.1 TITLE	VDT	☑ Change ☐ Addition
NAME	DWORKIN, RICHARD		3.2 NAME		
STREET ADDRESS	7300 LAKE CIRCLE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	VD	☑ Change ☐ Addition
NAME	RIZZI, GUY		4.2 NAME		
STREET ADDRESS	363 ROCK ISLAND RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL		4.4 CITY-ST-ZIP		
TITLE	DS	☑ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	RUTHAUSER, BERT		5.2 NAME	BARON, IRVING	
STREET ADDRESS	363 ROCK ISLAND RD.		5.3 STREET ADDRESS	240 NW 76TH AVE #103	
CITY-ST-ZIP	MARGATE FL		5.4 CITY-ST-ZIP	MARGATE FL	
TITLE	D	☐ DELETE	6.1 TITLE	SD	☑ Change ☐ Addition
NAME	BECKER, TONI		6.2 NAME		
STREET ADDRESS	7210 LAKE CIRCLE DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 an attachment with an address.

SIGNATURE: FILED REQUIRED Abe Feinsilver Pres (954) 971-1719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0025432