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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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	C/O SUMMIT P.O. BOX 169013 PLANTATION FL 33318 US

3. Date Incorporated or Qualified: 05/14/1979

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

2. Principal Place of Business	2a. Mailing Address
21	26 C/O NORDE MANAGEMENT CORP.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 6047 KIMBERLY BLVD.SUITE N
City & State 23	City & State 28 NORTH LAUDERDALE, FL
Zip 24 / Country 25	Zip 29 33068 / 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BECKER & GARY A POLIAKOFF P A 3111 STIRLING ROAD FT. LAUDERDALE FL 33312-3525	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	T/D	☐ Change ☒ Addition
NAME	FEINSILVER, ABE		1.2 NAME	KATZ, HENRY	
STREET ADDRESS	480 NE 76TH AVE, #401		1.3 STREET ADDRESS	7561 N.W. 1ST ST., APT.#208	
CITY-ST-ZIP	MARGARTE FL		1.4 CITY-ST-ZIP	MARGATE, FL	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	HARRIS, IDA		2.2 NAME	LIPSIT, DAVID	
STREET ADDRESS	7320 LAKE CIRCLE DR, #102		2.3 STREET ADDRESS	357 ROCK ISLAND RD., APT.#308	
CITY-ST-ZIP	MARGATE FL		2.4 CITY-ST-ZIP	MARGATE, FL	
TITLE	VDT	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	DWORKIN, RICHARD		3.2 NAME	SOKOLOFF, MORRIS	
STREET ADDRESS	7300 LAKE CIRCLE DR.		3.3 STREET ADDRESS	7320 LAKE CIRCLE DR., APT.#305	
CITY-ST-ZIP	MARGATE FL		3.4 CITY-ST-ZIP	MARGATE, FL	
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RIZZI, GUY		4.2 NAME		
STREET ADDRESS	383 ROCK ISLAND RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BARON, IRVING		5.2 NAME		
STREET ADDRESS	260 NW 76TH AVE #103		5.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ 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 (10/97)

14. 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 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 on an attachment with an address.

ABE FEINSILVER

SIGNATURE: [illegible] 3/5/98 954-973-1311