2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State
04-24-2008 90096 028 ****61.25

DOCUMENT # 747159

1. Entity 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 33063-8719 US

400173447

04072008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEVIN, CHERYL J P.A. 4694 NW 103RD AVE. SUNRISE, FL 33351-7970	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEGINA, ANTHONY 370 NW 76TH AVE #108 MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Degina, Anthony	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCKEON, JUDY 357 ROCK ISLAND ROAD #106 MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D McKeon, Judy	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KAISER, MORTON 363 ROCK ISLAND RD #201 MARGATE, FL 33063	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Becker, Toni 7210 Lake Circle Dr. #408 Margate, Fl. 33063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROOT, ANNE 363 ROCK ISLAND DR #402 MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Anne Root	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HUDES, JACKIE 7320 LAKE CIR DR #106 MARGATE, FL 33063	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Bianchi, Janet 7300 Lake Circle Dr. #202 Margate, Fl. 33063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIPSIT, DAOIO 357 ROCK ISLAND DR #308 MARGATE, FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Cheryl W. Levin 4-16-08 954-971-1719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

Schiraldi, Roz
363 Rock Island Dr. #403
Margate, Fl. 33063

40079247
#747159