

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90237 025 ****61.25

DOCUMENT # 752769

1. Entity Name
**CASA DE PLAYA OF LAKE WORTH CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**LORENZO & PIKE LLP
TWENTY-FIVE SEABREEZE AVENUE, SUITE 202
DELRAY BEACH, FL 33483 US**

Mailing Address
**LORENZO & PIKE LLP
TWENTY-FIVE SEABREEZE AVENUE, SUITE 202
DELRAY BEACH, FL 33483 US**

2. Principal Place of Business
111 No. L ST.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 290
Suite, Apt. #, etc.



04202006 Chg-NP CR2E037 (11/05)

City & State
LAKE WORTH, FL
Zip
33460 Country
PALE BEACH

City & State
LAKE WORTH FL
Zip
33460 Country
PALE BEACH

4. FEI Number
59-2080451 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LORENZO, JOSE L ESQ
LORENZO & PIKE LLP
TWENTY-FIVE SEABREEZE AVENUE, SUITE 202
DELRAY BEACH, FL 33483**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLANGELO, PETER 116 E. OCEAN AVE LANTANA, FL 33462 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALLEN, BO B 116 E. OCEAN AVE LANTANA, FL 33462 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MCMILLAN, RICHARD 116 E OCEAN AVE LANTANA, FL 33462 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THEODORE MAJOR 111 No L ST. #3 LAKE WORTH FL 33460 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GINA AMOROSO 111 No. L ST. #2 LAKE WORTH FL 33460 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ILENE KANEFISKY 111 No. L ST. #6 LAKE WORTH FL 33460 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Theodore Major President**

4-25-06

561-543-6497

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

THEODORE MAJOR