

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90025 011 ****61.25

DOCUMENT # 752769 1. Entity Name CASA DE PLAYA OF LAKE WORTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 111 NORTH L STREET P.O. BOX 290 LAKE WORTH, FL 33460 US				Mailing Address P.O. BOX 290 LAKE WORTH, FL 33462 US	
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 59-2080451	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LORENZO, JOSE L ESQ LORENZO & PIKE LLP TWENTY-FIVE SEABREEZE AVENUE, SUITE 202 DELRAY BEACH, FL 33483				Name ILENE KANEFSKY Street Address (P.O. Box Number is Not Acceptable) 111 N. L ST. #5 City LAKE WORTH FL Zip Code 33460	
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 <i>Ilene Kanefsky</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4-11-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAJOR, THEODORE		NAME		
STREET ADDRESS	111 N LAKE ST 3		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33460		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AMOROSO, GINA		NAME	GINA AMOROSO	
STREET ADDRESS	111 N L ST #2		STREET ADDRESS	111 N L ST #2	
CITY-ST-ZIP	LAKE WORTH, FL 33460		CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KANEFSKY, ILENE		NAME	ILENE KANEFSKY	
STREET ADDRESS	111 N L ST #6		STREET ADDRESS	111 N L ST #6	
CITY-ST-ZIP	LAKE WORTH, FL 33460		CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	SARA SCHMIDT	
STREET ADDRESS			STREET ADDRESS	111 N L ST #7	
CITY-ST-ZIP			CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Ilene Kanefsky, Pres.</i> 4-11-08 561-373-5400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
ILENE KANEFSKY					