

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90036 045 ****70.00

DOCUMENT # 753869 1. Entity Name PARK AVENUE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 761 PARK AVE B-2 LAKE PARK, FL 33403 US			Mailing Address 761 PARK AVE B-2 LAKE PARK, FL 33403 US		
2. Principal Place of Business 791 Park Ave. Suite, Apt. #, etc. C-5 City & State Lake Park Fla. Zip 33403 Country Palm Beach		3. Mailing Address 791 Park Ave. Suite, Apt. #, etc. C-5 City & State Fla Zip 33403 Country Palm Beach		50005430 	
4. FEI Number 59-2046738				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				01132006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent HOWARD, THOMAS 1377 N KILLIAN DRIVE LAKE PARK, FL 33403			7. Name and Address of New Registered Agent Name Joseph C. Sibley Street Address (P.O. Box Number is Not Acceptable) 207 EAST ILEX DR Lake Park City FL Zip Code 33403		
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 03-07-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME HOWARD, THOMAS STREET ADDRESS 1377 N. KILLIAN DR CITY-ST-ZIP LAKE PARK, FL 33403	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Joseph Sibley STREET ADDRESS 207 East Ilex Dr. CITY-ST-ZIP Lake Park Fla 33403	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME RAMSEY, TYLER STREET ADDRESS 731 PARK AVE., A-1 CITY-ST-ZIP LAKE PARK, FL 33403	<input checked="" type="checkbox"/> Delete		TITLE VD NAME Reba Johnson STREET ADDRESS 791 Park Ave C5 CITY-ST-ZIP Lake Park Fla 33403	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME DOMM, JOY STREET ADDRESS 761 PARK AVE., B-2 CITY-ST-ZIP LAKE PARK, FL 33403	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Pamela Delchamps STREET ADDRESS 731 Park Ave, A2 CITY-ST-ZIP Lake Park Fla 33403	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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: Joseph Sibley			Date 03-07-05 Daytime Phone # 561-844-5871		