


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 753869</b> 1. Entity Name <b>PARK AVENUE CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>791 PARK AVE C-5 LAKE PARK, FL 33403 US</b>	Mailing Address <b>791 PARK AVE C-5 LAKE PARK, FL 33403 US</b>
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**DO NOT WRITE IN THIS SPACE**



08062007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2046738</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SIBLEY, JOSEPH C  
207 EAST ILEX DR  
WEST PALM BEACH, FL 33403**

**DO NOT WRITE  
IN THIS SPACE**

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 *Joseph Sibley* *Joseph Sibley* *Aug 5 2007*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIBLEY, JOSEPH 207 EAST ILEX DR WEST PALM BEACH, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, REBA 591 PARK AVE C-5 LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DERCHARME, PAMELA 731 PARK AVE A-2 LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/17/07-80009-018 61.25

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* *Joseph Sibley* *Aug. 5 2007* *561-842*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #