

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90093 028 \*\*\*\*61.25

DOCUMENT # 765941

1. Entity Name

ODYSSEY APARTMENTS CONDOMINIUM ASSOCIATION, INC.



RECEIVED JAN 18 2007

Principal Place of Business

3450 NORTHLAKE BLVD.  
STE. #200  
PALM BEACH GARDENS FL 33403  
US

Mailing Address

3450 NORTHLAKE BLVD.  
STE. #200  
PALM BEACH GARDENS FL 33403  
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

59-2707803

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARLIK, DIANE L.  
3450 NORTHLAKE BLVD., #200  
PALM BEACH GARDENS FL 33403

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 constituting)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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 PD ☐ Delete  
NAME LYNCH, DIANE  
STREET ADDRESS 3450 NORTHLAKE BLVD., #200  
CITY- ST- ZIP PALM BEACH GARDENS FL

TITLE STD ☐ Delete  
NAME LYNCH, FRANCIS  
STREET ADDRESS 340 ROYAL POINCIANA PLZA  
CITY- ST- ZIP PALM BEACH FL

TITLE DVP ☐ Delete  
NAME KARLIK, STEVEN JR.  
STREET ADDRESS 4640 HOLLY DRIVE  
CITY- ST- ZIP PALM BEACH GARDENS FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 625 N. Flagler Drive, 9th Floor  
CITY- ST- ZIP West Palm Beach, FL 33402

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Diane Lynch*

1/29/07