

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 25 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770775

(5)

1. Corporation Name

LA PAZ RECREATION ASSOCIATION, INC.

Principal Place of Business

851 BROKEN SOUND PKWY.
STE. 250
BOCA RATON FL 33487

Mailing Address

% PGPM, INC.
6405 CONGRESS AVE., STE 125
BOCA RATON FL 33487
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1983

3a. Date of Last Report

06/15/1994

4. FEI Number

59-2650866

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

JOEL MESSINGER
COMMUNITY ASSOCIATES SERVICES
851 BROKEN SOUND PKWY.
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

~~RD~~
ROSELLE NELSON,
7520 LA PAZ CRT
BOCA RATON FL 33433

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
DUMESCO, MURRAY
7495 LA PAZ CT #101
BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
GABRIEL, HERB
7520 LA PAZ CT., #205
BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VPD
MARTIN FRANK
7520 LA PAZ CT., #205
BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

~~RD~~
BETTY LENS
7507 LA PAZ BLVD.
BOCA RATON FL 33433

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
ALBERT ADLMAN,
7619 LA PAZ BLVD.
BOCA RATON FL 33433

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

VPD

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

PD

☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Marie Bonaiuto
7519 La Paz Blvd
Boca Raton, FL 33433

☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Betty Lens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/95

Date

Daytime Phone #