

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 770775 (5)**  
1. Corporation Name  
**LA PAZ RECREATION ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**951 BROKEN SOUND PKWY.  
STE. 250  
BOCA RATON FL 33487** **% PGPM INC  
951 BROKEN SOUND PKWY  
BOCA RATON FL 33433  
US**

3. Date Incorporated or Qualified **10/17/1983** 3a. Date of Last Report **04/25/1995**  
4. FEI Number **59-2658866** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country  
25 Country 30 Country

## 9. Name and Address of Current Registered Agent

**JOEL MESSINGER  
COMMUNITY ASSOCIATES SERVICES  
951 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 617.0502 and 617.1508, 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 617.0506, Florida Statutes.

SIGNATURE *Joel Messinger* **4/17/96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
VPD **ROSELLE NELSON,  
7520 LA PAZ CRT  
BOCA RATON FL**  
D **DUMESCO, MURRAY  
7495 LA PAZ CT #101  
BOCA RATON FL**  
TD **GABRIEL, HERB  
7520 LA PAZ CT., #205  
BOCA RATON FL**  
VPD **MARTIN FRANK  
7520 LA PAZ CT., #205  
BOCA RATON FL**  
PD **BETTY LENS  
7507 LA PAZ BLVD.  
BOCA RATON FL**  
D **BOMMARITO, MARIE  
7519 LAPAZ BLVD  
BOCA RATON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE **PD** ☐ Change ☒ Addition  
2.2 NAME **Ron Lubman,**  
2.3 STREET ADDRESS **7460 La Paz Pl**  
2.4 CITY-ST-ZIP **Boca Raton, FL 33433**  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE **VPD** ☐ Change ☒ Addition  
4.2 NAME **Virginia Cobb**  
4.3 STREET ADDRESS **7460 La Paz Pl**  
4.4 CITY-ST-ZIP **Boca Raton, FL 33433**  
5.1 TITLE **D** ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE **S** ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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* **4/17/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (12/95)