

FILE NOW: FILING FEE IS \$61.25

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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33487-3531
US**

3. Date Incorporated or Qualified **10/17/1983** 3a. Date of Last Report **04/25/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0503, Florida Statutes.

SIGNATURE Jim Nore Tim Nore DATE 4/15/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSELLE NELSON,	1.2 NAME	Irving Sternberg
STREET ADDRESS	7520 LA PAZ CRT	1.3 STREET ADDRESS	7472 Old Paz Pl
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUBMAN, RON	2.2 NAME	William Drucker
STREET ADDRESS	7460 LA PAZ PL	2.3 STREET ADDRESS	7508 La Paz Crt
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABRIEL, HERB	3.2 NAME	
STREET ADDRESS	7520 LA PAZ CT., #205	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, VIRGINIA	4.2 NAME	
STREET ADDRESS	7460 LA PAZ PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY LENS	5.2 NAME	
STREET ADDRESS	7507 LA PAZ BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	SO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOMMARITO, MARIE	6.2 NAME	
STREET ADDRESS	7519 LAPAZ BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Marie Bommarito DATE 4/14/97 561-395-7732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0039667

CR2E037 (9/96)