

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90284 047 ****61.25

DOCUMENT # 770775 1. Entity Name LA PAZ RECREATION ASSOCIATION, INC.			
Principal Place of Business 75 NE 8 AVENUE #206 DELRAY BEACH, FL 33483		Mailing Address 3300 UNIVERSITY DR 405 CORAL SPRINGS, FL 33065	
2. Principal Place of Business 1784 W. Sample Rd		3. Mailing Address 1784 W. Sample Rd	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Coral Springs, FL		City & State Coral Springs, FL	
Zip 33065		Zip 33065	
Country 		Country 	
4. FEI Number 59-2658866		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UNITED COMMUNITY MGMT. 3300 UNIVERSITY DR 405 CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name: United Community Mgmt Corp. Street Address (P.O. Box Number is Not Acceptable) 1784 W. Sample Road City: Coral Springs FL Zip Code: 33065	
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: Denise Kottawos VP Finance United Comm Mgmt 3/4/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LENS, BETTY <input checked="" type="checkbox"/> Delete 75070 LAN PEM BLVD N 1025 BOCA RATON, FL 33433		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <input type="checkbox"/> Delete DRUCKER, WILLIAM 7508 LA PAZ CT BOCA RATON, FL 33433		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD <input type="checkbox"/> Delete SIMON, MARVIN 7472 LA PAZ PLACE #305 BOCA RATON, FL 33433		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete COHEN, SEENA 7496 LA PAZ CT #205 BOCA RATON, FL 33433		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <input type="checkbox"/> Delete SCHWARTZ, ELSA 7546 LA PAZ BLVD #308 BOCA RATON, FL 33433		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Delete TINKOFF, RHONDA 7448 LA PAZ BLVD #205 BOCA RATON, FL 33433		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I 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 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, and all other like empowered.			
SIGNATURE: William Drucker TREAS. 03/31/05 561-394-9748 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			