

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90265 009 ***150.00

DOCUMENT # F05000003850

1. Entity Name
CSC LAKE WORTH GP CORPORATION



Principal Place of Business
250 S. AUSTRALIAN AVENUE, SUITE 1003
WEST PALM BEACH, FL 33401

Mailing Address
250 S. AUSTRALIAN AVENUE, SUITE 1003
WEST PALM BEACH, FL 33401

2. Principal Place of Business - No P.O. Box #
1801 S. Australian Ave
Suite, Apt. #, etc.

3. Mailing Address
1801 S. Australian Ave
Suite, Apt. #, etc.

City & State
West Palm Beach FL
Zip 33409 Country

City & State
West Palm Beach FL
Zip 33409 Country



04142008 Chg-P CR2E034 (12/06)

4. FEI Number
20-3079605
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent
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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SCHLESINGER, ADAM	
STREET ADDRESS	250 S. AUSTRALIAN AVENUE, SUITE 1003	
CITY - ST - ZIP	WEST PALM BEACH, FL 33401	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SCHLESINGER, JASON	
STREET ADDRESS	250 S. AUSTRALIAN AVENUE, SUITE 1003	
CITY - ST - ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1801 S. Australian Ave
CITY - ST - ZIP	West Palm Beach FL 33409
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1801 S. Australian Ave
CITY - ST - ZIP	West Palm Beach FL 33409
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all or part like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #