


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000009926	
1. Entity Name LAKE PARK RECREATION ASSOCIATION, INC.	

Principal Place of Business 772 U.S. HIGHWAY ONE 200 NORTH PALM BEACH, FL 33408	Mailing Address 1451 FLAGLER BLVD. LAKE PARK, FL 33403
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04112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2089234	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NEWMAN, HOWARD P 772 U.S. HIGHWAY ONE 200 NORTH PALM BEACH, FL 33403
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSTROM, BERTIE 1451 FLAGLER BLVD. LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONROE, DIANE 722 HAWTHORNE DRIVE LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATASUS, CRISTINA 102 6TH ST. APT. 2 LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACKSON, GARY M 1210 GATEWAY RD LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000328852 04/25/05-80096-001 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

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, with all other like empowered.

SIGNATURE: BERTHA BOSTROM; Bertha Bostrom, Pres. 4/22/05 561-842-2527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #