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Secretary of State

PROFIT
ORATION
ANNUAL REPORT
1997

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

DOCUMENT # N02339 (2)

1. Corporation Name

LAKE PALM CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
117 S LAKESIDE DR LAKE WORTH FL 33460 US	PO BOX 6987 LAKE WORTH FL 33466-6987 US

3. Date Incorporated or Qualified: 04/03/1984
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip
24:
Country
25:

2a. Mailing Address
26: Riitta Kaartinen
Suite, Apt. #, etc.
27: 117, N Lakeside DR B
City & State
28: Lake Worth FL
Zip
29: 33460
Country
30:

4. FEI Number: 59-2617091 ☐ 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

MARKE, JOHN E.
508 LUCERNE AVENUE
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name: **Roderick C. Moe CPA, PA**
82 Street Address: **101 North J Street, Suite 2**
83: **Lake Worth, FL 33460-3353**
84 City: **(407) 586-3413** **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: [signature] 5/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST ZANGRILLO, SERENA 117 N LAKESIDE DR. UNIT B LAKE WORTH FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DPST KAARTINEN, RIITTA 117 N Lakeside DR UNIT B Lake WORTH FL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP LAHTELA, OLAVI 117 N LAKESIDE DR UNIT A LAKE WORTH FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DVP RAUNO KAARTINEN 117 B. N. LAKESIDE DR. LAKE WORTH, FL 33460	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST ZANGRILLO, SERENA 117 N LAKESIDE DR UNIT B LAKE WORTH FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DST KAARTINEN, RIITTA 117 N Lakeside DR UNIT B Lake WORTH FL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

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: Riitta Kaartinen 4/29/97