

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State
03-23-2001 90039 020 ****61.25

DOCUMENT # N02339

1. Entity Name

LAKE PALM CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

117 S LAKESIDE DR
LAKE WORTH FL 33460
US

Mailing Address

RITTA KAARTINEN
117 N. LAKESIDE DR. B
LAKE WORTH FL 33460
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2617091

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~BLUMEL, PHILIP~~
~~117 NORTH LAKESIDE DRIVE A~~
~~LAKE WORTH FL 33460-3353~~

7. Name and Address of New Registered Agent

Name

Roderick C Moe

Street Address (P.O. Box Number is Not Acceptable)

101 North J Street
Suite 2

City

Lake Worth

FL

Zip Code

33460

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/15/2001

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
KAARTINEN, RITA
117 N LAKESIDE DR UNIT B
LAKE WORTH FL 33460 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
KAARTINEN, RITA
117 N LAKESIDE DR UNIT B
LAKE WORTH FL 33460 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
KAARTINEN, RAUNO
117 N. LAKESIDE DR UNIT B
LAKE WORTH FL 33460 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BLUMEL, PHILIP
117 NORTH LAKESIDE DRIVE A
LAKE WORTH FL 33460 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

RITTA KAARTINEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)