

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 16, 2006
Secretary of State

DOCUMENT# N02339

Entity Name: LAKE PALM CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**117 N LAKESIDE DR
SUITE A
LAKE WORTH, FL 33460 US**New Principal Place of Business:****Current Mailing Address:**117 N LAKESIDE DR
SUITE A
LAKE WORTH, FL 33460 US**New Mailing Address:****FEI Number:** 59-2617091**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TIILIKKA, PERTTI
117 N LAKESIDE DR
SUITE A
LAKE WORTH, FL 33460 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TIILIKKA, PERTTI
Address: 117 N LAKESIDE DR UNIT A
City-St-Zip: LAKE WORTH, FL 33460 US

Title: T () Delete
Name: TIILIKKA, HELI
Address: 117 N LAKESIDE DR UNIT A
City-St-Zip: LAKE WORTH, FL 33460 US

Title: S () Delete
Name: SHULTZ, HELI
Address: 940 HAMPTON CIRCLE
City-St-Zip: NAPLES, FL 34105 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TIILIKKA, PERTTI
Address: 117 N LAKESIDE DR UNIT A
City-St-Zip: LAKE WORTH, FL 33460 US

Title: T (X) Change () Addition
Name: TIILIKKA, PERTTI
Address: 117 N LAKESIDE DR UNIT A
City-St-Zip: LAKE WORTH, FL 33460 US

Title: D (X) Change () Addition
Name: SHULTZ, HELI
Address: 940 HAMPTON CIRCLE
City-St-Zip: NAPLES, FL 34105 US

Title: S () Change (X) Addition
Name: HYVARINEN, JUHA
Address: 2112 ARBOR GLEN CIRCLE
City-St-Zip: LAKE WORTH, FL 33463 US

Title: D () Change (X) Addition
Name: HUUHO, JUHANI
Address: 117 N LAKESIDE DR UNIT B
City-St-Zip: LAKE WORTH, FL 33460 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIILIKKA PERTTI

P

03/16/2006

Electronic Signature of Signing Officer or Director

Date