2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DIVISION OF CORPORATIONS 05 JUN -7 AM 8: 34

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1. Entity Name LAKE WORTH ROAD PROPERTY OWNERS ASSOCIATION, INC.



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Principal Place of Business 1541 SUNSET DRIVE, SUITE 300 CORAL GABLES, FL 33143		154	Mailing Address 1541 SUNSET DRIVE, SUITE 300 CORAL GABLES, FL 33143					i 11111 i i 1112 i i 1111 i i			IIII SI KETI
2. Principal Place of Business 3.		3. Ma	Mailing Address								
Suite, Apt. #, etc.		s	Suite, Apt. #, etc.				04012005 C	hg-NP	CR2E	037 (10/03)	
City & State		c	City & State				4. FEI Number APPLIED F	OR			plied For
Zip	Zip Country		ip Cou		intry		5. Certificate of Status Desired S8.75 Add Fee Require				litional
6. Name and Address of Current Registe		s of Current Register	ed Agent			7. Name and Address of New Registered Agent					
LEVINE T					Name						·
LEVINE, TODD 1541 SUNSET DRIVE, SUITE 300 CORAL GABLES, FL 33143				Street Address (P.O. Box Number is Not Acceptable)							
					City				F	Zip Code	9
					L					<u> </u>	
the obligat	named entity submits this tions of registered agent.	s statement for the purp	pose of changing its r	registere	ed office or re	egistere	ed agent, or both, in	the State of FI	lorida. I an	n familiar with,	and accept
0.044.74.75											
SIGNATURE .	Signature, typed or printed name of	of registered agent and title if ap	pplicable. (NOTE:	Registered	d Agent signature	e required t	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign F Trust Fund Contribut				\$5.00 May Be Added to Fees Make check payable to Florida Department of State							
10.	10. OFFICERS AND DIRECTORS		11.		A	DDITIONS/CHANG	ES TO OFFICE	RS AND D	IRECTORS IN	10	
TITLE	PD		☐ Delete	TITLE	<u> </u>					Change	Addition
NAME	BOUCHER, MARC			NAMI	E						
STREET ADDRESS 1541 SUNSET DRIVE, SUITE 300		E, SUITE 300		STRE	ET ADDRESS						
CITY-ST-ZIP CORAL GABLES, FL 33143			CITY	-ST-ZIP							
TITLE	DS 🗆		☐ Delete	TITLE						☐ Change	Addition
NAME	SCOTT, JEFF		NAME								
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP	CORAL GABLES, FL	. 33143		-	-ST-ZIP						
TITLE NAME	TD LEVINE, TODD		Defete	TITLE						☐ Change	Addition
STREET ADDRESS	1541 SUNSET DRIVI	E SUITE 300		NAME	ET ADDRESS		70	0056	404	1237	
CITY-ST-ZIP	CORAL GABLES, FL	-		4	-ST-ZIP		06/217/	0056 050105	5202	5 ***302	2.50
TITLE	<u> </u>			_							
	l		☐ Delete	TITLE	:					☐ Channe	a i addition
NAME			☐ Delete	TITLE			• • • • • • • • • • • • • • • • • • • •			☐ Change	☐ Addition
NAME STREET ADDRESS			☐ Delete	NAME						☐ Change	☐ Addition
			☐ Delete	NAME STRE	Ε		• • • • • • • • • • • • • • • • • • • •		•	☐ Change	☐ Addition
STREET ADDRESS			☐ Delete	NAME STRE	E ET ADDRESS - ST-ZIP				-	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME				NAME STREE CITY- TITLE NAME	E ET ADDRESS - ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLÉ NAME STREET ADDRESS				STREE CITY- TITLE NAME STREE	E ET ADDRESS - ST- ZIP E E ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP TITLÉ NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	NAME STREE CITY- TITLE NAME STREE CITY-	E ET ADDRESS - ST- ZIP E E ET ADDRESS - ST- ZIP					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLÉ NAME STREET ADDRESS CITY-ST-ZIP TITLE				NAME STREE CITY- TITLE NAME STREE CITY-	E ET ADDRESS - ST- ZIP E E E ET ADDRESS - ST- ZIP E ET ADDRESS - ST- ZIP						
STREET ADDRESS CITY-ST-ZIP TITLÉ NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	NAME STREE CITY- TITLE NAME STREE CITY- TITLE	E ET ADDRESS - ST- ZIP E E E ET ADDRESS - ST- ZIP E ET ADDRESS - ST- ZIP			,		☐ Change	☐ Addition

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.

Henry Gerald
NAMEOF SENING OFFICER OR DIRECTOR 4/13/DF 305-666-2140 SIGNATURE