



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

61.25

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 AUG 14 AM 9:53

<b>DOCUMENT # N03000002420</b> 1. Entity Name <b>LAKE WORTH ROAD PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1541 SUNSET DRIVE, SUITE 300 CORAL GABLES, FL 33143</b>			Mailing Address <b>1541 SUNSET DRIVE, SUITE 300 CORAL GABLES, FL 33143</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>APPLIED FOR</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LEVINE, TODD 1541 SUNSET DRIVE, SUITE 300 CORAL GABLES, FL 33143</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to: <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BOUCHER, MARC 1541 SUNSET DRIVE, SUITE 300 CORAL GABLES, FL 33143</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS SCOTT, JEFF 1541 SUNSET DRIVE, SUITE 300 CORAL GABLES, FL 33143</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD LEVINE, TODD 1541 SUNSET DRIVE, SUITE 300 CORAL GABLES, FL 33143</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			800078994558 08/22/06--01034--001 **1061.25		
<b>SIGNATURE</b> <i>Gerald M. Nigier</i>			Date <b>8/11/06</b> Daytime Phone # <b>(305) 666-2140</b>		