

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000002912

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



Principal Place of Business
3767 LAKE WORTH ROAD
SUITE 120
LAKE WORTH, FL 33461

Mailing Address
3767 LAKE WORTH ROAD
SUITE 120
LAKE WORTH, FL 33461



01202005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
77-0595581

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAVIDGE, MICHAEL W
3787 LAKE WORTH ROAD
SUITE 120
LAKE WORTH, FL 33461

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000195016
01/26/05-80011-013 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SAVIDGE, MICHAEL W
453 GLENBROOK DRIVE
ATLANTIS, FL 33462

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BURGER, ROBERT
597 NORTH COUNTRY CLUB DR
ATLANTIS, FL 33462

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SAN PEDRO, NANCY
3731 LAKE WORTH ROAD
LAKE WORTH, FL 33461

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 any address, with all other like empowered.

SIGNATURE:

Michael W Savidge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/05

Date

561/969-3244

Daytime Phone #