

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N09913** (7)
1. Corporation Name

LAKWOOD AT PALM BEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 3525 SOUTH OCEAN BLVD. #105 PALM BEACH FL 33480
Mailing Address: 3525 SOUTH OCEAN BLVD. #105 PALM BEACH FL 33480

3. Date Incorporated or Qualified: **06/24/1985**
3a. Date of Last Report: **03/17/1995**

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
City & State (22, 27)
Zip (23, 28)
Country (25, 30)

4. FEI Number: **59-2657128**
Applied For: Applied For Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BARNYON, ROD, ESS
1801 AUSTRALIAN AVENUE SOUTH
SUITE 101
WEST PALM BEACH FL 33409~~

81 Name: **Assoc Prop Mgmt**
82 Street Address (P.O. Box Number is Not Acceptable): **400 S Dixie Hwy #10**
83
84 City: **Lake Worth** FL 85 Zip Code: **33460**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when re-registering) DATE: **3/6/96**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MUDRICK, LISA	
STREET ADDRESS	3525 S OCEAN BLVD. #203	
CITY-ST-ZIP	S PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRAVE, FRED	
STREET ADDRESS	3525 SOUTH OCEAN BLVD	
CITY-ST-ZIP	S PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TRAUTMAN, PAULINE	
STREET ADDRESS	3525 SOUTH OCEAN BLVD	
CITY-ST-ZIP	S PALM BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	LEE, SHARON	
STREET ADDRESS	3525 SOUTH OCEAN BLVD. #109	
CITY-ST-ZIP	S PALM BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DESROCHES, LEONARD	
STREET ADDRESS	3525 S OCEAN BLVD #107	
CITY-ST-ZIP	S. PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSENGARTEN, CLAIRE	
STREET ADDRESS	3525 SOUTH OCEAN BLVD. #408	
CITY-ST-ZIP	S. PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rita Larsen	
1.3 STREET ADDRESS	3525 South Ocean Blvd	
1.4 CITY-ST-ZIP	South Palm Beach, FL	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: **3/13/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)