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Mar 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N09913 (7)

1. Corporation Name
LAKEWOOD AT PALM BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
3525 SOUTH OCEAN BLVD., #105 PALM BEACH FL 33480
3525 SOUTH OCEAN BLVD., #105 PALM BEACH FL 33480-5790



3. Date Incorporated or Qualified 06/24/1985
3a. Date of Last Report 03/20/1996

2. Principal Place of Business 2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 Zip Country

30

4. FEI Number 59-2657128
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

ASSOCIATION PROP MGMT
400 S DIXIE HWY
STE 10
LAKE WORETH FL 33480

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	LARENSEN, RITA	3525 S OCEAN BLVD	S PALM BEACH FL	<input type="checkbox"/>
D	GRAVE, FRED	3525 SOUTH OCEAN BLVD	S PALM BEACH FL	<input checked="" type="checkbox"/>
SD	TRAUTMAN, PAULINE	3525 SOUTH OCEAN BLVD	S PALM BEACH FL	<input type="checkbox"/>
DT	LEE, SHARON	3525 SOUTH OCEAN BLVD. #109	S PALM BCH FL	<input type="checkbox"/>
VD	DESROCHES, LEONARD	3525 S OCEAN BLVD #107	S. PALM BEACH FL	<input type="checkbox"/>
D	ROSENGARTER, CLAIRE	3525 SOUTH OCEAN BLVD. #408	S. PALM BEACH FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 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: *Rita Larsen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97 582 0 193
Date Daytime Phone # 0039400

CR2E037 (9/96)