

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 24 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N09913 (7)**

1. Corporation Name  
**LAKWOOD AT PALM BEACH CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>3525 SOUTH OCEAN BLVD., #105 PALM BEACH FL 33480</b>	Mailing Address <b>3525 SOUTH OCEAN BLVD., #105 PALM BEACH FL 33480</b>
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3. Date Incorporated or Qualified <b>06/24/1985</b>	
4. FEI Number <b>59-2657128</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <i>Assoc. Prop. Mgmt.</i>
22 City & State	27 <i>400 S. Dixie Hwy, #10</i>
23 Zip	28 <i>Lake Worth, FL</i>
24 Country	29 <i>33460</i>
	30 <i>USA</i>

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	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>LARENSEN, RITA</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3525 S OCEAN BLVD</b>	1.2 NAME	
STREET ADDRESS	<b>S PALM BEACH FL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD <b>TRAUTMAN, PAULINE</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3525 SOUTH OCEAN BLVD</b>	2.2 NAME	
STREET ADDRESS	<b>S PALM BEACH FL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DT <b>LEE, SHARON</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3525 SOUTH OCEAN BLVD. #109</b>	3.2 NAME	
STREET ADDRESS	<b>S PALM BCH FL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD <b>DESROCHES, LEONARD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3525 S OCEAN BLVD #107</b>	4.2 NAME	
STREET ADDRESS	<b>S. PALM BEACH FL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D <b>ROSENGARTER, CLAIRE</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3525 SOUTH OCEAN BLVD. #408</b>	5.2 NAME	
STREET ADDRESS	<b>S. PALM BEACH FL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D <i>Kuntz, William</i>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>3525 South Ocean Blvd, #211</i>	6.2 NAME	
STREET ADDRESS	<i>S. P. B. FL</i>	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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*

CR2E037 (10/97)