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**Secretary of State**

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N09913**

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

ASSOC. PROP. MGMT.  
 400 S DIXIE HWY. #10  
 LAKE WORTH FL 33460  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/24/1985

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2657128

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ASSOCIATION PROP MGMT  
 400 S DIXIE HWY  
 STE 10  
 LAKE WORTH FL 33460

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

NAME **LD**  
 LARENSEN, RITA  
 STREET ADDRESS 3525 S OCEAN BLVD, #205  
 CITY-ST-ZIP S PALM BEACH FL

1.1 TITLE  Change  Addition

TITLE  DELETE

NAME **DP**  
 TRAUTMAN, PAULINE  
 STREET ADDRESS 3525 SOUTH OCEAN BLVD, #412  
 CITY-ST-ZIP S PALM BEACH FL

2.1 TITLE  Change  Addition

TITLE  DELETE

NAME **DT**  
 LEE, SHARON  
 STREET ADDRESS 3525 SOUTH OCEAN BLVD. #109  
 CITY-ST-ZIP S PALM BCH FL

3.1 TITLE  Change  Addition

TITLE  DELETE

NAME ~~VD~~  
~~DESROCHES, LEONARD~~  
 STREET ADDRESS ~~3525 S OCEAN BLVD #102~~  
 CITY-ST-ZIP ~~S PALM BEACH FL~~

4.1 TITLE  Change  Addition

TITLE  DELETE

NAME **D**  
 ROSENGARTEN, CLAIRE  
 STREET ADDRESS 3525 SOUTH OCEAN BLVD. #408  
 CITY-ST-ZIP S. PALM BEACH FL

4.2 NAME **VD**  
 Wolf-Ramsay, Linda  
 4.3 STREET ADDRESS 3525 S OCEAN BLVD, #401  
 4.4 CITY-ST-ZIP S Palm Beach, FL

TITLE  DELETE

NAME **D**  
~~KUNTZ, WILLIAM~~  
 STREET ADDRESS ~~3525 SOUTH OCEAN BLVD. #211~~  
 CITY-ST-ZIP ~~SOUTH PALM BEACH FL~~

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

4/2/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(11/98)