

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90118 023 ****61.25

DOCUMENT # N09913

1. Entity Name

LAKWOOD AT PALM BEACH CONDOMINIUM ASSOCIATION,

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 33460-4455 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2657128	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LARENSEN, RITA 3525 S. OCEAN BLVD #205 S PALM BEACH FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADV TRAUTMAN, PAULINE 3525 SOUTH OCEAN BLVD S PALM BEACH FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DI WIE, SHARON 3525 SOUTH OCEAN BLVD #109 S PALM BCH FL	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOLF, LINDA 3525 S. OCEAN BLVD #401 S. PALM BEACH FL	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID ROSENGARTER, CLAIRE 3525 SOUTH OCEAN BLVD. #408 S. PALM BEACH FL	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KUNTZ, WILLIAM 3525 SOUTH OCEAN BLVD. #211 SOUTH PALM BEACH FL	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Soltesz, Ferencz 3525 So. Ocean Blvd, #305 SPB, FL	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Prouost, Tom 3525 So. Ocean Blvd, #204 SPB, FL	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 an address, with all other like empowered.

SIGNATURE: *Rita Larenzen*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)