2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N09913

LAKEWOOD AT PALM BEACH CONDOMINIUM ASSOCIATION, INC.



FILED

Mar 03, 2008 8:00 am Secretary of State 03-03-2008 90212 026 ****61.25

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Principal Place of Business 3525 SOUTH OCEAN BLVD. SUITE #105 PALM BEACH, FL 33480			Mailing Address C/O GOLDMAN, JUDA & MARTIN 8211 W BROWARD BLVD PH-1 PLANTATION, FL 33324 US				1160 1011T (ZIO) ((BZO 11	11 BIBN BIBN BIBN 1	RISH BIBN JIPN	IIIZI BY (60)
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02152008	Chg-NP	CR2E037	(12/06)	
City & State			City & State			4. FEI Number 59-2657	128		·	plied For
Zip Country			Zîp	Zip Country			Status Desired	□ · \$	9.75 Add	t Applicable litional
6. Name and Address of Current Re			egistered Agent		7. Name and Address of New Registered Agent					-
			,	Nam	Name					
ST. JOHN, CORE, FIORE & LEMME 1601 FORUM PLACE CENTURION TOWER SUITE #701					et Address	(P.O. Box Number	is Not Acceptable	e)		
WESTPAL	LM BEACH, FL	33401		City				FL	Zip Code	
									L	
	named entity submitted age		e purpose of changing its	s registered offic	e or registe	ered agent, or both,	in the State of Fig	orida. I am far	nifiar with,	and accept
SIGNATURE .				T. O						
	Signature, typed or printed h	ame of registered agent and t	петаррясале. (АОТ	E: Registered Agent s	Gustrice rednike	o when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Flor	lake check p ida Departn		
10. OFFICERS AND DIF						ADDITIONS/CHAN	IGES TO OFFICE	RS AND DIRE	CTORS IN	10
TITLE	PTD		Delete	TITLE	Pb	,	-		Change	Addition
NAME	JACKSON, ROBERT W		MAM		Biz	SCHNETTE	- DEEN'S	ELL		
STREET ADDRESS										
City-St-ZIP				CITY-ST-ZIP	TP#	LIM BEAC	<u>и, F2 33</u>	460		
TITLE	SD		☐ Delete	TITLE		,			Change	Addition
NAME	BENSON, NEIL			NAME	_ C-16	ZAVE, FR	EDERICK			
STREET ADDRESS CITY-ST-ZIP	S 3525 S OCEAN BLVD #302 PALM BEACH, FL 33480			STREET ADDRI	[∞] ສຸ <u>≶</u>	SES SOUTH	a to	73T VV	100	
	VD:	L 33460	Delete .		P	ALM DEP	est, FL -		Change .	- Addition
TITLE NAME	COMFORT, CHA	RLES J	LED Delete	TITLE NAME				L	_ Unange .	noiribbă 🗀
STREET ADDRESS	3525 S OCEAN E			STREET ADDRI	ss					
CITY-ST-ZIP	PALM BEACH, FI			CITY-ST-ZIP						
TITLE	TD		Delete	TITLE					Change	☐ Addition
NAME	LANCIERI, LOUIS	S A		NAME						
STREET ADORESS	3525 S OCEAN B	BLVD #103		STREET ADDRI	222					
CITY-ST-ZIP	PALM BEACH, FI	L 33480		CITY-S1-ZIP						
TITLE	D		☐ Delete	TITLE	√P	6			Change	☐ Addition
NAME	COHEN, STEVEN			NAME	CoH	ופת לדבלבו	Ν , .	i		
STREET ADDRESS	3525 S OCEAN E			STREET ADDRE	SS 352	EN, STEXE 25 S. OCE	AN OLVD	. 7210		
CITY+ST-ZIP	PALM BEACH, F	L 33480		CITY-ST-ZIP	PA	LM BEALL	1 FL 33	3480		
TITLE			☐ Delete	TITLE			-	[Change	Addition
NAME				NAME ATREET ARREST						
STREET ADDRESS				\$TREET ADDR	:25					
CITY-ST-ZIP	l	<u> </u>		CITY-ST-ZIP					45 - 4 - 5	f
12. I hereby of indicated	certify that the informa I on this report or supp	ation supplied with this plemental report is tru	s filing does not qualify for e and accurate and that	or the exemption my signature sh	is contained all have the	d in Chapter 119, F same legal effect a	-iorida Statutes. I as if made under	runtner certify oath; that I am	that the in an officer	or director

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 of 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 affactive with an address, with all other like empowered.

GNATURE:

O2-29-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02-29-08 56-540-4272