

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N18522

1. Entity Name
LAKE PALMS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**C/O PROPERTY KEEPERS
PO BOX 964
SANIBEL, FL 33957 US**

Mailing Address

**C/O PROPERTY KEEPERS
PO BOX 964
SANIBEL, FL 33957 US**



01052006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2758437

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CANTY, DEBRA
C/O PROPERTY KEEPERS
6062 DINKINS LK RD.
SANIBEL, FL 33957**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
REDDING, ANDREW
2320 WOOSTER LN. #10
SANIBEL, FL 33957**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HANNAN, GLORIA
2320 WOOSTER LANE #8
SANIBEL, FL 33957**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
JONES, ROBERT
2320 WOOSTER LN #8
SANIBEL, FL 33957**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**U00000517808
05/01/06-80061-004 61.25**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowered.

**SIGNATURE
RECEIVED**

ANDREW A REDDING, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

3/28/06 239-472 0813
Date Daytime Phone #

MAR 31 2006