

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90035 025 ****61.25

DOCUMENT # N20390	
1. Entity Name LALIQUE MAINTENANCE ASSOCIATION, INC.	
Principal Place of Business 400 TONEY PENNA RD JUPITER, FL 33458 US	Mailing Address C/O DICKINSON MGMT INC 400 TONEY PENNA RD JUPITER, FL 33458 US



60026202



2. Principal Place of Business - No P.O. Box # SEACREST SERVICES, INC. 2400 CENTRE PARK W DRIVE #175 WEST PALM BEACH, FL 33409	3. Mailing Address SEACREST SERVICES, INC. 2400 CENTRE PARK W DRIVE #175 WEST PALM BEACH, FL 33409
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03072007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0091847	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DICKINSON MANAGEMENT C/O ATTORNEY GILBERT MOORE 1601 FORUM PLACE #701 WEST PALM BEACH, FL 33401	7. Name and Address of New Registered Agent Name JIM MONASTRA Street Address (P.O. Box Number is Not Acceptable) 13110 LALIQUE CT Palm Beach Gardens FL 33410
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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 *AJ Monastra* **AJ MONASTRA PRES** 3/14/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUMLEY, COLEMAN V 13175 LALIQUE CT PALM BCH GARDENS, FL 33410 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLOS RUTH 2603 LALIQUE CIRCLE PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEWMAN, HERBERT 13111 LALIQUE CT PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S U'SELLIS, RICHARD 2596 LALIQUE CIRCLE PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MONASTRA, JIM 13110 LALIQUE COURT PALM BCH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, THEODORA 2632 LALIWUE CIRCLE PALM BCH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHARLOS RUTH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: *AJ Monastra* **AJ MONASTRA PRES** 3/14/07 5616265900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #