


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90066 006 \*\*\*\*61.25

**DOCUMENT # N21704**  
 1. Entity Name  
**PALM CHASE LAKES ASSOCIATION, INC.**



Principal Place of Business: **5859 CENTER COURT DR. BOYNTON BEACH FL 33437**  
 Mailing Address: **5859 CENTER COURT DR. BOYNTON BEACH FL 33437**

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



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent  
**GOLDEN, FRANK**  
**5859 CENTER COURT DR**  
**BOYNTON BEACH FL 33437**

4. FEI Number: **59-2834981**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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	
TITLE: PD NAME: GOLDEN, FRANK STREET ADDRESS: 10032 ANDREA LANE CITY-ST-ZIP: BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete
TITLE: D NAME: DLUGASCH, JOEL STREET ADDRESS: 5869 SUNSWEPT LA CITY-ST-ZIP: BOYNTON BEACH FL 33437	<input checked="" type="checkbox"/> Delete
TITLE: VPD1 NAME: RUBIN, EUGENE STREET ADDRESS: 10359 S CIRCLE LK DR CITY-ST-ZIP: BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete
TITLE: TD NAME: BASCH, ARTHUR STREET ADDRESS: 5926 WINTER LAKE LA CITY-ST-ZIP: BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete
TITLE: 2VP NAME: GLORIA LICHTENBERG STREET ADDRESS: 10255 N CIRCLE LK DR CITY-ST-ZIP: BOYNTON BCH FL 33437	<input type="checkbox"/> Delete
TITLE: D NAME: VINIKOFF, HAROLD STREET ADDRESS: 10021 ANDREA LANE CITY-ST-ZIP: BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: Secretary NAME: Melvin Seldin STREET ADDRESS: 5852 Sunswepth La CITY-ST-ZIP: Boynton Beach, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Director NAME: Ed Baron STREET ADDRESS: 5911 Autumn Lake Lane CITY-ST-ZIP: Boynton Beach, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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, and all other like empowered.

**SIGNATURE:** *Melvin Seldin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_