
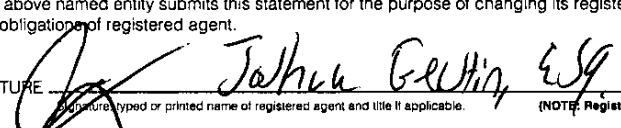
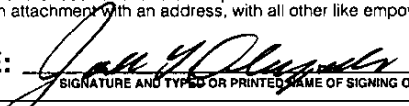


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N21704</b> 1. Entity Name <b>PALM CHASE LAKES ASSOCIATION, INC.</b>					
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.		11032005 REIN-NP CR2E099 (6/04)	
City & State		G.P.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD. SUITE 309 LAKE WORTH, FL 33463		4. FEI Number 59-2834981	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  GERSTIN, JOSHUA ESQ 1499 W PALMETTO PARK RD STE 412 BOCA RATON, FL 33486			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City State 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 		(NOTE: Registered Agent signature required when reinstating)		DATE 12/13/05	
<b>FILE NOW!!! FEE IS \$236.25</b> After January 1, 2006, Fee will be \$297.50			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	PD GOLDEN, FRANK 10032 ANDREA LANE BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Diugaasch, Joel 5859 Sunswep Lane Boynton Bch, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARON, ED 5911 AUTUMN LAKE LANE BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Adler, Dorothy 5893 Sunswep Lane Boynton Bch, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD1 RUBIN, EUGENE 10359 S CIRCLE LK DR BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD I Lowitz, Joyce 10075 Andrea Lane Boynton Bch, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BASCH, ARTHUR 5926 WINTER LAKE LA BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rosenberg, Harold 5885 Sunswep Lane Boynton Bch, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP GLORIA LICHTENBERG 10255 N CIRCLE LK DR BOYNTON BCH, FL 33437	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Standaert, Fannie 5912 S. End Lake Dr. Boynton Bch, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINIKOFF, HAROLD 10021 ANDREA LANE BOYNTON BEACH, FL 33437	<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 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: 		JOEL F. DIUGAASCH		11/7/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

FILED  
 05 DEC 16 AM 9:37  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 12/24/05 019 23625  
