


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

03-02-2006 90013 047 \*\*\*\*61.25

<b>DOCUMENT # N21704</b> 1. Entity Name <b>PALM CHASE LAKES ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O GRS MANAGEMENT ASSOCIATES, INC.          3900 WOODLAKE BLVD SUITE 309          LAKE WORTH, FL 33463</b>			Mailing Address <b>C/O GRS MANAGEMENT ASSOCIATES, INC.          3900 WOODLAKE BLVD SUITE 309          LAKE WORTH, FL 33463</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01272006 Chg-NP CR2E037 (11/05)	
4. FEI Number <b>59-2834981</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GERSTIN, JOSHUA ESQ          1499 W PALMETTO PARK RD STE 412          BOCA RATON, FL 33486</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DLUGASCH, JOEL 5859 SUNSWEPT LANE BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ADLER, DOROTHY 5893 SUNSWEPT LANE BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ILOWITZ, JOYCE 10075 ANDREA LANE BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBERG, HAROLD 5885 SUNSWEPT LANE BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STANDAERT, FANNIE 5912 S END LANE DR BOYNTON BCH, FL 33437	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINIKOFF, HAROLD 10021 ANDREA LANE BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete		<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.				<div style="font-size: 2em; transform: rotate(-10deg); opacity: 0.5;">See attached</div>	
<b>SIGNATURE: <u>Dorothy Adler</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>DOROTHY ADLER - PRESIDENT</b> <small>Date Daytime Phone #</small>	

# ATTACHMENT

40022804

DOC #N21704

PALM CHASE LAKES ASSOCIATION, INC.

PD  
CHANGE ADLER, DOROTHY  
5893 SUNSWEPT LANE  
BOYNTON BEACH, FL 33437

D  
ADD GOLDEN, FRANK  
10032 ANDREA LANE  
BOYNTON BEACH, FL 33437

D  
ADD OLSHINA, DAVID  
10255 N. CIRCLE LAKE DR.  
BOYNTON BEACH, FL 33437

TD  
ADD ROSENTHAL, NEIL  
10351 S. CIRCLE LAKE DR.  
BOYNTON BEACH, FL 33437

SD  
ADD SCHEIMAN, RONALD  
10116 ANDREA LANE  
BOYNTON BEACH, FL 33437

VPD  
CHANGE STANDAERT, FONNIE  
5912 SOUTH END LAKE DR.  
BOYNTON BEACH, FL 33437