

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N21704					
1. Entity Name PALM CHASE LAKES ASSOCIATION, INC.					
Principal Place of Business C/O GRS MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD SUITE 309 LAKE WORTH, FL 33463			Mailing Address C/O GRS MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD SUITE 309 LAKE WORTH, FL 33463		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2834981	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GERSTIN, JOSHUA ESQ 1499 W PALMETTO PARK RD STE 412 BOCA RATON, FL 33486				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DLUGASCH, JOEL			NAME	
STREET ADDRESS	5859 SUNSWEPT LANE			STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437			CITY-ST-ZIP	
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADLER, DOROTHY			NAME	
STREET ADDRESS	5893 SUNSWEPT LANE			STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437			CITY-ST-ZIP	
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ILOWITZ, JOYCE			NAME	
STREET ADDRESS	10075 ANDREA LANE			STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, HAROLD			NAME	
STREET ADDRESS	5885 SUNSWEPT LANE			STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANDAERT, FONNIE			NAME	
STREET ADDRESS	5912 S END LANE DR			STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH, FL 33437			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINIKOFF, HAROLD			NAME	
STREET ADDRESS	10021 ANDREA LANE			STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437			CITY-ST-ZIP	
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: <u>Dorothy Adler</u>				SIGNATURE: <u>DOROTHY ADLER - PRESIDENT</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	



01272006 Chg-NP CR2E037 (11/05)

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

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
 Change Addition
See attached

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.

ATTACHMENT

40022804

DOC #N21704

PALM CHASE LAKES ASSOCIATION, INC.

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

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

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

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

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

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