

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2007 8:00 am
Secretary of State

08-09-2007 90054 012 ****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 - No P.O. Box # 5859 Center Court Drive Suite, Apt. #, etc.		3. Mailing Address 5859 Center Court Drive Suite, Apt. #, etc.																		
City & State Boynton Beach, Florida		City & State Boynton Beach, Florida		4. FEI Number 59-2834981																
Zip 33437		Country USA		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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td colspan="2">Louis Caplan, Esquire</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="2">301 Yamato Road</td> </tr> <tr> <td style="padding: 2px;">Suite</td> <td colspan="2">Suite 4150</td> </tr> <tr> <td style="padding: 2px;">City</td> <td>Boca Raton</td> <td>FL</td> </tr> <tr> <td style="padding: 2px;">Zip Code</td> <td colspan="2">33431</td> </tr> </table>			Name	Louis Caplan, Esquire		Street Address (P.O. Box Number is Not Acceptable)	301 Yamato Road		Suite	Suite 4150		City	Boca Raton	FL	Zip Code	33431	
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City	Boca Raton	FL																		
Zip Code	33431																			
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.																				
<table style="width:100%;"> <tr> <td style="width:30%;">SIGNATURE </td> <td style="width:30%; text-align: center;">Louis Caplan</td> <td style="width:40%; text-align: right;">7/16/07</td> </tr> <tr> <td colspan="3" style="font-size: small;"> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE </td> </tr> </table>						SIGNATURE	Louis Caplan	7/16/07	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
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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 September 14, 2007		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 DIRECTOR <input type="checkbox"/> Delete		TITLE	(D) RICHARD FOSTER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																
NAME	ADLER, DOROTHY		NAME	10021 ANDREA LN.																
STREET ADDRESS	5893 SUNSWPT LN		STREET ADDRESS	BOYNTON BEACH, FL 33437																
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP																	
TITLE	V.P. <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME	GOLDEN, FRANK		NAME																	
STREET ADDRESS	10032 ANDREA LN		STREET ADDRESS																	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP																	
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME	OLSHINA, DAVID		NAME																	
STREET ADDRESS	10255 N CIRCLE LK DR		STREET ADDRESS																	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP																	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME	ROSENTHAL, NEIL		NAME																	
STREET ADDRESS	10351 S CIR LK DR		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	SCHEIMAN, RONALD		NAME																	
STREET ADDRESS	10116 ANDREA LN		STREET ADDRESS																	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP																	
TITLE	VPD TREASURER <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME	STANDAERT, FONNIE		NAME																	
STREET ADDRESS	5912 S END LK DR		STREET ADDRESS																	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP																	
2. 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:			7-20-07 (561) 738-1983																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #																	