
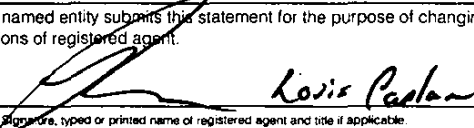
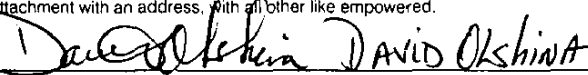


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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	
Zip 33437	Country USA	Zip 33437	Country USA
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 Louis Caplan, Esquire Street Address (P.O. Box Number is Not Acceptable) 301 Yamato Road Suite 4150 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.			
SIGNATURE  Louis Caplan		DATE 7/16/07	
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	NAME ADLER, DOROTHY	TITLE (D) RICHARD FOSTER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 5893 SUNSWEPT LN	CITY-ST-ZIP BOYNTON BEACH, FL 33437	STREET ADDRESS 10021 ANDREA LN.	CITY-ST-ZIP BOYNTON BEACH, FL 33437
TITLE D V.P. <input type="checkbox"/> Delete	NAME GOLDEN, FRANK	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 10032 ANDREA LN	CITY-ST-ZIP BOYNTON BEACH, FL 33437	STREET ADDRESS	CITY-ST-ZIP
TITLE PD <input type="checkbox"/> Delete	NAME OLSHINA, DAVID	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 10255 N CIRCLE LK DR	CITY-ST-ZIP BOYNTON BEACH, FL 33437	STREET ADDRESS	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	NAME ROSENTHAL, NEIL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 10351 S CIR LK DR	CITY-ST-ZIP BOYNTON BEACH, FL 33437	STREET ADDRESS	CITY-ST-ZIP
TITLE SD <input type="checkbox"/> Delete	NAME SCHEIMAN, RONALD	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 10116 ANDREA LN	CITY-ST-ZIP BOYNTON BEACH, FL 33437	STREET ADDRESS	CITY-ST-ZIP
TITLE VPD TREASURER <input type="checkbox"/> Delete	NAME STANDAERT, FONNIE	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5912 S END LK DR	CITY-ST-ZIP BOYNTON BEACH, FL 33437	STREET ADDRESS	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:  DAVID OLSHINA		DATE 7-20-07 (561) 738-1983	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	