

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21704

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** PALM CHASE LAKES ASSOCIATION, INC.

**Current Principal Place of Business:**

5859 CENTER COURT DRIVE  
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

**Current Mailing Address:**

5859 CENTER COURT DRIVE  
BOYNTON BEACH, FL 33437

**New Mailing Address:**

**FEI Number:** 59-2834981

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAPLAN, LOUIS ESQ  
6111 BROKEN SOUND PARKWAY NW  
SUITE 200  
BOCA RATON, FL 33487 US

**Name and Address of New Registered Agent:**

ASSOCIATED CORPORATE SERVICES P.L.  
6111 BROKEN SOUND PARKWAY NW  
SUITE 200  
BOCA RATON, FL 33487 US

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.

SIGNATURE: LOUIS CAPLAN, ESQ.

01/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: OLSHINA, DAVID  
Address: 20255 N CIRCLE LAKE DRIVE, #201  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP  
Name: FOSTER, RICK  
Address: 10021 ANDREA LANE, #B  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: T  
Name: STANDAERT, FONTAINE  
Address: 5912 S END LAKE DRIVE, #201  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: S  
Name: TAUBE, BARBARA  
Address: 5793 JARRETT DRIVE, #B  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D  
Name: ADLER, REUBEN  
Address: 5893 SUNSWEPT LANE, #B  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D  
Name: WEINBAUM, MELVIN, RUBIN, EUGENE  
Address: 5859 CENTER COURT DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID OLSHINA, PRES.

P

01/06/2010

Electronic Signature of Signing Officer or Director

Date