

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90087 031 \*\*\*\*61.25

**DOCUMENT # N24365**

1. Entity Name  
LAKE TOWERS ASSOCIATION, INC.



Principal Place of Business  
250 BRADLEY PLACE  
PALM BEACH, FL 33480

Mailing Address  
250 BRADLEY PLACE  
PALM BEACH, FL 33480

**DO NOT WRITE IN THIS SPACE**



01242007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
65-0029339

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DANSEY, WILLIAM  
250 BRADLEY PLACE  
PALM BCH., FL 33480

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADLEY-ROBERT Richard Corradino 250 BRADLEY PL PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANSEY, WILLIAM 250 BRADLEY PLACE PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPPAS, JAMES 250 BRADLEY PL PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SACCARO, RICHARD 250 BRADLEY PLACE PALM BEACH, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEAVEY, WINIFRED 250 BRADLEY PLACE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #