

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

05 APR 19 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25796 (6)
1. Corporation Name
THE LAKES AT LA PAZ CONDOMINIUM ASSOCIATION, INC

Principal Place of Business Mailing Address
C/O CAS 651 BROKEN SOUND PKWY. STE 250
BOCA RATON FL 33487 US
C/O CAS 651 BROKEN SOUND PKWY. STE 250
BOCA RATON FL 33487 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/06/1988 3a. Date of Last Report 04/19/1994
4. FEI Number 65-0050470 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent
MESSINGER JOEL
COMMUNITY ASSOCIATION SERVICES
700 W HILLSBORO BLVD #1-101
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 7137A Promenade Dr
83
84 City Boca Raton FL 85 Zip Code 33433

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ADLMAN, ALBERT	1.2 NAME	
STREET ADDRESS	7519 LAPAZ BLVD, #C308	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	AD-	2.1 TITLE	☐ Change ☐ Addition
NAME	LENS, BETTY	2.2 NAME	
STREET ADDRESS	7507 LAPAZ BLVD, #N102	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	FELDMAN, SUZANNE	3.2 NAME	
STREET ADDRESS	7507 LA PAZ BLVD #C408	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	SWEETMAN, AARON	4.2 NAME	
STREET ADDRESS	7519 LAPAZ, #C301	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BRESSLER, HAROLD	5.2 NAME	
STREET ADDRESS	7519 LAPAZ BLVD, #C408	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	V.P. Marye Schneider	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS	2519 Lapaz Blvd, #C108	6.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

LAURENCE D. KOHN 4/9/95 407 334-6805
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone