2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State
02-20-2002 90142 004 ****61.25

DOCUMENT # N25796

1. Entity Name

THE LAKES AT LA PAZ CONDOMINIUM ASSOCIATION, INC

Principal Place of Business	Mailing Address
07 LAPAZ BLVD. OCA RATON FL 33433 S	C/O POINTE MGMT GROUP 75 NE 6TH AVE., #202 DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0050470 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ESTEBANEZ, ERIC C/O POINTE MANAGEMENT GROUP 75 NE 6TH AVE #202 DELRAY BEACH FL 33483	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ 2-5-02.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE D	WOLF WITTENBERG.	☐ Change ☒ Addition
NAME	LEVY, ROSE		NAME		
STREET ADDRESS	7519 LA PAZ C207		STREET ADDRESS	7507 LA PAZ BLVD. #405	
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP	BOCA RATON, FL. 33433.	
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LENS, BETTY		NAME		
STREET ADDRESS	7507 LAPAZ BLVD, #N102		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP		
TITLE	TD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	SWEETMAN, ARRON		NAME		
STREET ADDRESS	7519 LOPAZ BLVD. #301		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP		
TITLE	TD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	SWEETMAN, ARRON		NAME		
STREET ADDRESS	7519 LOPAZ BLVD. #301		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SCHNIEDER, MAXINE		NAME		
STREET ADDRESS	7519 LAPAZ BLVD., #C-108		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED Betty Lens 2-5-02