

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90285 019 ****61.25

40060004



02162005 Chg-NP CR2E037 (10/03)

DOCUMENT # N25796 1. Entity Name THE LAKES AT LA PAZ CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 7507 LAPAZ BLVD. BOCA RATON, FL 33433 — US		Mailing Address 3300 UNIVERSITY DR., #405 CORAL SPRINGS, FL 33065	
2. Principal Place of Business 11784 W. Sample Rd. Suite, Apt. #, etc.		3. Mailing Address 11784 W. Sample Rd. Suite, Apt. #, etc.	
City & State Coral Springs, FL Zip 33065 Country		City & State Coral Springs FL Zip 33065 Country	
4. FEI Number 65-0050470		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESTEBANEZ, ERIC UNITED COMMUNITY MGMT CORP. 3300 UNIVERSITY DR., #405 CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name <u>United Community Mgmt Corp.</u> Street Address (P.O. Box Number is Not Acceptable) <u>11784 W. Sample Road</u> City <u>Coral Springs</u> FL Zip Code <u>33065</u>	
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 <u>Eric Estebanez VP Finance United Comm Mgmt 3/5/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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			
TITLE	PD <input type="checkbox"/> Delete NAME BESSER, JULIUS STREET ADDRESS 7519 LA PAZ BLVD., #C406 CITY-ST-ZIP BOCA RATON, FL 33433	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input checked="" type="checkbox"/> Delete NAME LENS, BETTY STREET ADDRESS 7507 LAPAZ BLVD, #N102 CITY-ST-ZIP BOCA RATON, FL 33433	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Marinelli, James STREET ADDRESS 16 Williamsburg Drive CITY-ST-ZIP Ft. Salonga, NY 11768
TITLE	SD <input type="checkbox"/> Delete NAME SCHNIEDER, MAXINE STREET ADDRESS 7519 LAPAZ BLVD., #C-108 CITY-ST-ZIP BOCA RATON, FL 33433	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME [blank] STREET ADDRESS [blank] CITY-ST-ZIP [blank]
TITLE	VPTD <input checked="" type="checkbox"/> Delete NAME WITTENBERG, WOLF STREET ADDRESS 7507 LA PAZ BLVD, #405 CITY-ST-ZIP BOCA RATON, FL 33433	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Jacobson Sherry STREET ADDRESS 7507 La Paz Blvd #N302 CITY-ST-ZIP Boca Raton, FL 33432
TITLE	<input type="checkbox"/> Delete NAME [blank] STREET ADDRESS [blank] CITY-ST-ZIP [blank]	TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Schein, Connie STREET ADDRESS 7519 La Paz Blvd #C402 CITY-ST-ZIP Boca Raton, FL 33433
TITLE	<input type="checkbox"/> Delete NAME [blank] STREET ADDRESS [blank] CITY-ST-ZIP [blank]	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Grimmer, Fred STREET ADDRESS 7507 La Paz Blvd #N101 CITY-ST-ZIP Boca Raton, FL 33433
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: <u>Jarvis Besser</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/10/05</u> Daytime Phone # <u>367-0188</u>	