

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90017 045 ****61.25

DOCUMENT # N25796 1. Entity Name THE LAKES AT LA PAZ CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 11784 W SAMPLE RD CORAL SPRINGS, FL 33065 US			Mailing Address 11784 W SAMPLE RD CORAL SPRINGS, FL 33065 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
UNITED COMMUNITY MGMT CORP 11784 W SAMPLE ROAD CORAL SPRINGS, FL 33065			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ <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, 2006		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			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	PD	<input type="checkbox"/> Delete		TITLE	
NAME	BESSER, JULIUS			NAME	
STREET ADDRESS	7519 LA PAZ BLVD., #C406			STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 33433			CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	MARINELLI, JAMES			NAME	
STREET ADDRESS	16 WILLIAMSBURG DRIVE			STREET ADDRESS	
CITY - ST - ZIP	FT SALONGA, NY 11768			CITY - ST - ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	SCHNIEDER, MAXINE			NAME	
STREET ADDRESS	7519 LAPAZ BLVD., #C-108			STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 33433			CITY - ST - ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	
NAME	JACOBSON, SHERRY			NAME	
STREET ADDRESS	7507 LA PAZ BLVD, # N302			STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 33433			CITY - ST - ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	
NAME	SCHEIN, CONNIE			NAME	
STREET ADDRESS	7517 LA PAZ BLVD, # C402			STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 33433			CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	GRIMMINGER, FRED			NAME	
STREET ADDRESS	7507 LA PAZ BLVD, #N107			STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 33433			CITY - ST - ZIP	
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: _____ 3/24/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #</small>					