


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90103 039 ****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 - No P.O. Box # 778 South Military Trail Suite, Apt. #, etc. | | 3. Mailing Address 778 South Military Trail Suite, Apt. #, etc. | |
| City & State Deerfield Beach FL Zip 33442 | | City & State Deerfield Beach FL Zip 33442 | |
| 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 UNITED COMMUNITY MGMT CORP 11784 W SAMPLE ROAD CORAL SPRINGS, FL 33065 | | 7. Name and Address of New Registered Agent Name Gary Palombi Street Address (P.O. Box Number is Not Acceptable) 778 South Military Trail City Deerfield Beach FL Zip Code 33442 | |
| 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>Gary Palombi</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, 2007 | | 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | PD BESSER, JULIUS 7519 LA PAZ BLVD., #C406 BOCA RATON, FL 33433 | TITLE | <input type="checkbox"/> Delete |
| NAME | | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | STREET ADDRESS | Bessler |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | D MARINELLI, JAMES 16 WILLIAMSBURG DRIVE FT SALONGA, NY 11768 | TITLE | <input type="checkbox"/> Delete |
| NAME | | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | STREET ADDRESS | S |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | SD JACOBSON, SHERRY 7507 LA PAZ BLVD, # N302 BOCA RATON, FL 33433 | TITLE | <input type="checkbox"/> Delete |
| NAME | | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | STREET ADDRESS | D |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | TD SCHEIN, CONNIE 7517 LA PAZ BLVD, # C402 BOCA RATON, FL 33433 | TITLE | <input type="checkbox"/> Delete |
| NAME | | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | STREET ADDRESS | Roberta Citron |
| CITY-ST-ZIP | | CITY-ST-ZIP | 7507 LA PAZ BLVD N-403 BOCA RATON FL 33433 |
| TITLE | D GRIMMINGER, FRED 7507 LA PAZ BLVD, #N107 BOCA RATON, FL 33433 | TITLE | <input type="checkbox"/> Delete |
| NAME | | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | STREET ADDRESS | T |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | <input type="checkbox"/> Delete |
| NAME | | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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 an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <u>Gary Palombi</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |
| Date | | Daytime Phone # | |