2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State
04-15-2003 90121 019 ****61.25

0041778

DOCUMENT # N25796

1. Entity Name

THE LAKES AT LA PAZ CONDOMINIUM ASSOCIATION, INC

Principal Place of Business	Mailing Address
7507 LAPAZ BLVD. BOCA RATON FL 33433 US	~~C/O POINTE MGMT GROUP~~ ~~75 NE 6TH AVE. #202~~ ~~DELRAY BEACH FL 33483~~

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	3300 University Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc. #405
City & State	City & State Coral Springs FL
Zip / Country	Zip 33065 / Country USA

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 ~~C/O~~ United Community Mgmt CORP. Street Address (P.O. Box Number is Not Acceptable) 3300 University Dr. #405 City Coral Springs FL Zip Code 33065

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 UNITED COMMUNITY MGT. CORP. 4/1/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVY, ROSE 7519 LA PAZ C207 BOCA RATON FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LENS, BETTY 7507 LAPAZ BLVD, #N102 BOCA RATON FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SCHNIEDER, MAXINE 7519 LAPAZ BLVD., #C-108 BOCA RATON FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WITTENBERG, WOLF ~~7519~~ 7507 LAPAZ BLVD., #405 BOCA RATON FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD 7507 LA PAZ BLVD. #N405 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bommarito, Marie 7519 La Paz Blvd C405 Boca Raton FL 33433 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 Wolf Wittenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #