

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48744

FILED
Mar 13, 2009
Secretary of State

Entity Name: LAKE PLACE OF THE PALM BEACHES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

600 EXECUTIVE CENTER DRIVE
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

600 EXECUTIVE CENTER DRIVE
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 65-0288402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZARETSKY, RICHARD P
1655 PALM BEACH LAKES BLVD. #900
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: KALISKY, PETER
Address: 850 PLACE DES GRANDS DVCS
City-St-Zip: ST. BRUNO QL, CA J3-V64

Title: VPD () Delete
Name: PROULX, COURCELLES
Address: 9316 MARIE-VICTORIN
City-St-Zip: CONTRECOEUR QC, CA JOL 1CO

Title: D () Delete
Name: JACOBY, MEGAN
Address: 612-205 EXECUTIVE CTR DR.
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PTD () Delete
Name: PARE, PHILIPPE
Address: 1510 MAIRE-BEAULIEV
City-St-Zip: QUEBEC, CA QG154RE

Title: T () Delete
Name: LECLAIR, MAURICE
Address: 3000 BOUL. DE BOUCHERVILLE #303
City-St-Zip: ST BRUNO QC, CA J3V0B4

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIPPE PARE

PRES

03/13/2009

Electronic Signature of Signing Officer or Director

Date