

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90016 050 ****70.00

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1. Entity Name

LAKE WORTH WEST RESIDENT PLANNING GROUP, INC.



Principal Place of Business

4221 VERMONT AVE
LAKE WORTH FL 33461

Mailing Address

4221 VERMONT AVE
LAKE WORTH FL 33461

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0838753

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

KING, KATHERINE
4915 MAINE STREET
LAKE WORTH FL 33461

Name DAMIAN RIVERA

Street Address (P.O. Box Number is Not Acceptable)

4704 MAINE STREET

City LAKE WORTH

FL

Zip Code 33461

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

Damian Rivera, PRESIDENT

2/24/04

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
Due By May 1, 2004

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

TITLE ☐ Delete
NAME ROSE, RAE
STREET ADDRESS 4419 IXORA CIRCLE
CITY-ST-ZIP LAKE WORTH FL 33461

D ☒ Delete
TITLE
NAME GARCIA, MARY
STREET ADDRESS 211 URQUHART ST
CITY-ST-ZIP LAKE WORTH FL 33461

P ☒ Delete
TITLE
NAME KING, KATHY
STREET ADDRESS 4915 MAINE STREET
CITY-ST-ZIP LAKE WORTH FL 33461

P ☐ Delete
TITLE
NAME RIVERA, DAMIAN
STREET ADDRESS 4704 MAINE ST
CITY-ST-ZIP LAKE WORTH FL 33461

D ☐ Delete
TITLE
NAME TESTA, STELLA
STREET ADDRESS 5023 VERMONT AVE
CITY-ST-ZIP LAKE WORTH FL 33461

D ☐ Delete
TITLE
NAME WEXEL, MARTHA
STREET ADDRESS 4282 VERMONT AVENUE
CITY-ST-ZIP LAKE WORTH FL 33461

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
JERRY PIZZINO
STREET ADDRESS 5496 EAGLE LAKE DRIVE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
DAMIAN RIVERA, JR
STREET ADDRESS 4704 MAINE ST
CITY-ST-ZIP LAKE WORTH, FL 33461

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
DAVID HOYT
STREET ADDRESS 4569 KIRK ROAD
CITY-ST-ZIP LAKE WORTH, FL 33461

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
IRIS BOYD
STREET ADDRESS 4820 VERMONT AVE
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
MARTHA WEXEL
STREET ADDRESS 4282 VERMONT AV.
CITY-ST-ZIP LAKE WORTH, FL 33461

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
FELIPE FLORES
STREET ADDRESS 5119 VERMONT AV.
CITY-ST-ZIP LAKE WORTH FL 33461

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:

M. Stella Testa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/04 561-965-0270

Date

Daytime Phone #