

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90075 034 ****61.25

DOCUMENT # N98000003843

1. Entity Name
LAKES AT LA PAZ III CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**75 NE 6 AVENUE, SUITE 206
DELRAY BEACH, FL 33483**

Mailing Address
**75 NE 6 AVENUE, SUITE 206
DELRAY BEACH, FL 33483**

400900



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0872715

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
POINTE MANAGEMENT GROUP
75 NE 6TH AVE #202
MIAMI, FL 33483**

Name **Estebanez, Eric**
Street Address (P.O. Box Number is Not Acceptable)
Pointe Management Group
75 NE 6th Ave #206
City **Delray Beach** FL Zip Code **33483**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 PD
NAME **SCHWARZ, ELSA** ☒ Delete
STREET ADDRESS **7546 LA PAZ BLVD #308**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE PD
NAME **Adelson, Gerald** ☐ Change ☒ Addition
STREET ADDRESS **7546 La Paz Blvd #301**
CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE TD
NAME **SESSLER, LINDA** ☐ Delete
STREET ADDRESS **7546 LA PAZ BLVD #101**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME **KRAVITZ, SANDRA** ☐ Delete
STREET ADDRESS **7546 LA PAZ BLVD #102**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2006

Date

Daytime Phone #