2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# N99000001895

Entity Name: LAKE PARK VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2965 LAKE JUNE ROAD
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

C/O PAUL H LEVINE
1400 TYLER STREET
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEVINE, PAUL H
1400 TYLER STREET
HOLLYWOOD, FL 33020 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: PD ( ) Delete
Name: PRELAZ, ROBERT
Address: 820 NE 120TH STREET
City-St-Zip: MIAMI, FL 33161

Title: VPD ( ) Delete
Name: LEVINE, PAUL H
Address: 1400 TYLER ST.
City-St-Zip: HOLLYWOOD, FL 33020

Title: SD ( ) Delete
Name: SWARTHOUT, WAYNETTE
Address: 240 SE 10TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BEVERLY, JOSEPH L
Address: 2979 LAKE JUNE BLVD.
City-St-Zip: LAKE PLACID, FL 33852

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 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 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: PAUL H. LEVINE VPD 06/30/2005
Electronic Signature of Signing Officer or Director — Date