2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2020
Secretary of State
9494768607CC

DOCUMENT# 747159

Entity Name: OPERATING ASSOCIATION FOR PALM LAKES CONDOMINIUM, INC.

Current Principal Place of Business:

7230 LAKE CIRCLE DRIVE
MARGATE, FL 33063-8719

Current Mailing Address:

C/O ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
MIRAMAR, FL 33025 US

FEI Number: 59-1913454

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

URIBE, URIEL
C/O ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
MIRAMAR, FL 33025 US

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: URIEL URIBE 03/16/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	VP
Name	GREENE, WALTER	Name	BARAKAKOS, EFTHEMIA
Address	C/O ASSOCIATION SERVICES OF FLORIDA 10112 USA TODAY WAY	Address	C/O ASSOCIATION SERVICES OF FLORIDA 10112 USA TODAY WAY
City-State-Zip:	MIRAMAR FL 33025	City-State-Zip:	MIRAMAR FL 33025
Title	DIRECTOR	Title	SECRETARY
Name	LOWELL, ELIZABETH	Name	CARPENTER, MIKKI
Address	C/O ASSOCIATION SERVICES OF FLORIDA 10112 USA TODAY WAY	Address	C/O ASSOCIATION SERVICES OF FLORIDA 10112 USA TODAY WAY
City-State-Zip:	MIRAMAR FL 33025	City-State-Zip:	MIRAMAR FL 33025
Title	TREASURER	Title	DIRECTOR
Name	ALSTON, SANDRA	Name	PRITCHARD, JUDITH
Address	C/O ASSOCIATION SERVICES OF FLORIDA 10112 USA TODAY WAY	Address	C/O ASSOCIATION SERVICES OF FLORIDA 10112 USA TODAY WAY
City-State-Zip:	MIRAMAR FL 33025	City-State-Zip:	MIRAMAR FL 33025
Title	DIRECTOR		
Name	BITTON, JOSEPH		
Address	C/O ASSOCIATION SERVICES OF FLORIDA 10112 USA TODAY WAY		
City-State-Zip:	MIRAMAR FL 33025		

I hereby 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 all other like empowered.

SIGNATURE: WALTER GREENE PRESIDENT 03/16/2020

Electronic Signature of Signing Officer/Director Detail Date