

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Abromson  
Secretary of State  
DIVISION OF CORPORATIONS**

**APPROVED  
AND  
FILED**

**95 MAR 21 PM 3:43**

**DOCUMENT # 728260 (1)**

**1. Corporation Name  
LAKEWOOD ON THE GREEN CONDOMINIUM 1 ASSOCIATION,  
INC.**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**Principal Place of Business Mailing Address  
5545 LAKEWOOD CIRCLE NORTH MARGATE FL 33063**

**DO NOT WRITE IN THIS SPACE**

<b>3. Date Incorporated or Qualified</b> 01/11/1974	<b>3a. Date of Last Report</b> 04/12/1994
<b>4. FBI Number</b> 59-1536387	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>6. Election Campaign Financing Trust Fund Contribution</b>	<input type="checkbox"/> \$5.00 May Be Added to Fees
<b>7. Nonprofit with IRS 501(c)(3) Tax Exempt Status</b>	<input type="checkbox"/> \$68.75 Supplemental Fee Not Required
<b>8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

**9. Name and Address of Current Registered Agent**

**TONJOS, FLORENCE**  
5545 LAKEWOOD CIR  
S414  
MARGATE FL 33063

**10. Name and Address of New Registered Agent**

**81** Name

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

**83**

**84** City **FL** **85** Zip Code

**11. I, pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.**

**SIGNATURE** FLORENCE TONJAS Vice Pres. Florence Tonnas Inc. 3/4/95

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when making change.

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>V P</b>
<b>NAME</b>	<b>TONJAS, FLORENCE</b>
<b>STREET ADDRESS</b>	<b>5545 LAKEWOOD CIR. #414</b>
<b>CITY-ST-ZIP</b>	<b>MARGATE FL</b>
<b>TITLE</b>	<b>G</b>
<b>NAME</b>	<b>GORDON, ABE</b>
<b>STREET ADDRESS</b>	<b>5525 LAKEWOOD CIR. #212</b>
<b>CITY-ST-ZIP</b>	<b>MARGATE FL</b>
<b>TITLE</b>	<b>S</b>
<b>NAME</b>	<b>KENNEDY, MARGARET</b>
<b>STREET ADDRESS</b>	<b>5545 LAKEWOOD CIR. #422</b>
<b>CITY-ST-ZIP</b>	<b>MARGATE FL</b>
<b>TITLE</b>	<b>T</b>
<b>NAME</b>	<b>DANIELS, SYLVIA</b>
<b>STREET ADDRESS</b>	<b>5535 LAKEWOOD CIR. #311</b>
<b>CITY-ST-ZIP</b>	<b>MARGATE FL</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>WEINRYBE, RUBIN</b>
<b>STREET ADDRESS</b>	<b>5535 LAKEWOOD CIR. #321</b>
<b>CITY-ST-ZIP</b>	<b>MARGATE FL</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<b>D- FLORENCE TONJAS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	<b>5545 LAKEWOOD CIR. No</b>
<b>1.3 STREET ADDRESS</b>	<b>MARGATE, FL 33063</b>
<b>1.4 CITY-ST-ZIP</b>	
<b>2.1 TITLE</b>	<b>D- ABE GORDON</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	<b>5525 LAKEWOOD CIR. No</b>
<b>2.3 STREET ADDRESS</b>	<b>MARGATE, FL 33063</b>
<b>2.4 CITY-ST-ZIP</b>	
<b>3.1 TITLE</b>	<b><del>D- MARGARET KENNEDY</del></b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	<b><del>5545 LAKEWOOD CIR. No</del></b>
<b>3.3 STREET ADDRESS</b>	<b><del>MARGATE FL 33063</del></b>
<b>3.4 CITY-ST-ZIP</b>	
<b>4.1 TITLE</b>	<b>D- CARL SIMS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	<b>5515 LAKEWOOD CIR. No</b>
<b>4.3 STREET ADDRESS</b>	<b>MARGATE FL 33063</b>
<b>4.4 CITY-ST-ZIP</b>	
<b>5.1 TITLE</b>	
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY-ST-ZIP</b>	
<b>6.1 TITLE</b>	
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY-ST-ZIP</b>	

**14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE:** Abraham Gordon - Pres - **2-22-95** **305-979-6525**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone