2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 728260

1. Entity Name
LAKEWOOD ON THE GREEN CONDOMINIUM 1 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1750 UNIVERSITY DR #205 CORAL SPRINGS, FL 33071	1750 UNIVERSITY DR #205 CORAL SPRINGS, FL 33071

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01262006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1536387

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SWIFT MANAGEMENT & SOLUTIONS
1750 UNIVERSITY DR #205
CORAL SPRINGS, FL 33071

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. *(NOTE: Registered Agent signature required when reinstating)*

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000004398886
03/02/06-80018-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KNIGHT, HARRIET
STREET ADDRESS	5525 LAKEWOOD CIRCLE N
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	TD
NAME	ROSENBERG, STEVEN
STREET ADDRESS	5525 LAKEWOOD CIR N
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	DS
NAME	SLOANE, MARIE
STREET ADDRESS	5545 N LAKEWOOD CIR
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #