

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY 30 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 728260

1. Entity Name

LAKWOOD ON THE GREEN
CONDOMINIUM 1 ASSOC. INC.



DO NOT WRITE IN THIS SPACE

400020539384
06/05/03--01016--004 **175.00

REINSTATEMENT 02-03
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite *Swift Management & Solutions*

Suite *Swift Management & Solutions*

City & State *1750 University Dr. #205*

City & State *1750 University Dr. #205*

Zip *Coral Springs, FL 33071*

Zip *Coral Springs, FL 33071*

Country *USA*

Country *USA*

4. FEI Number

59-1536387

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Swift Management & Solutions

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

1750 University Dr. #205

City

Coral Springs, FL 33071

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
ROGER JONES
5515 LAKEWOOD CIR N
MARGATE FL 33063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400020539384
06/05/03--01016--005 **61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
SYLVIA DANIELS
5535 LAKEWOOD CIRCLE N
MARGATE FL 33063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
HARRIET KNIGHT
5525 LAKEWOOD CIRCLE N
MARGATE FL 33063

TITLE
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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 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Roger Jones Roger Jones Pres

4/15/03

9543416340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)

attachments



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 29, 2003

LAKEWOOD ON THE GREEN CONDOMINIUM 1 ASSOCIATION, INC.
3300 university drive #405
coral springs, FL 33065

SUBJECT: LAKEWOOD ON THE GREEN CONDOMINIUM 1 ASSOCIATION,
INC.
Ref. Number: 728260

We have received your document for LAKEWOOD ON THE GREEN CONDOMINIUM 1 ASSOCIATION, INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

The total amount due to reinstate is \$236.25.

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 103A00025976