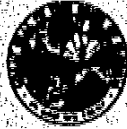


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR 11 PM 9:53**

**DOCUMENT # 741867 (6)**

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

Principal Place of Business Mailing Address  
**5500 LAKEWOOD CIR NORTH MARGATE FL 33063**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/02/1978</b>	3a. Date of Last Report <b>03/30/1994</b>
4. FEI Number <b>59-1809145</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**ROSENBLUM, DIANA  
5500 LAKEWOOD CIR N.  
MARGATE FL 33063**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>FS</b>
NAME	<b>ROSENBLUM, DIANA</b>
STREET ADDRESS	<b>5482B LAKEWOOD CIRCLE</b>
CITY-ST-ZIP	<b>MARGATE, FL 00000</b>
TITLE	<b>PD</b>
NAME	<b>SERVITTO, ED</b>
STREET ADDRESS	<b>5502B LAKEWOOD CIR.</b>
CITY-ST-ZIP	<b>MARGATE FL</b>
TITLE	<b>VD</b>
NAME	<b>STONE, JACK</b>
STREET ADDRESS	<b>5504D LAKEWOOD CIR</b>
CITY-ST-ZIP	<b>MARGATE FL</b>
TITLE	<b>VPD</b>
NAME	<b>SAGE, FELIX</b>
STREET ADDRESS	<b>5550 LAKEWOOD CIRCLE</b>
CITY-ST-ZIP	<b>MARGATE FL</b>
TITLE	<b>T</b>
NAME	<b>RUBENSTEIN, NORMAN G</b>
STREET ADDRESS	<b>5530 LAKEWOOD CIRCLE</b>
CITY-ST-ZIP	<b>MARGATE FL</b>
TITLE	<b>D</b>
NAME	<b>PRICEMAN, HAROLD</b>
STREET ADDRESS	<b>5576 E. LAKEWOOD CIRCLE</b>
CITY-ST-ZIP	<b>MARGATE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>RECORDING SEC. DOAOTHY MOSS</b>
2.3 STREET ADDRESS	<b>5510 B LAKEWOOD CIR.</b>
2.4 CITY-ST-ZIP	<b>MARGATE FL 33063</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>PRESIDENT / DIRECTOR</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>DIRECTOR</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>TREAS / DIRECTOR</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 118.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Norman G Rubenstein **4/5/95** **305-973-9215**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**NORMAN G RUBENSTEIN**



741867

LAKWOOD ON THE GREEN VILLAS ASSOCIATION, INC.  
5500 LAKEWOOD CIRCLE N. MARGATE, FLA 33063

NON PROFIT CORPORATION ANNUAL REPORT 1995

ITEM 13

CHANGE ✓

7.1 TITLE VICE PRES / DIRECTOR  
7.2 NAME VINCENT BOCHICCHIO  
7.3 STREET ADDRESS 450E LAKEWOOD CIR.  
7.4 CITY-ST-ZIP MARGATE FL 33063

8.1 TITLE DIRECTOR  
8.2 NAME THOMAS GAVIN  
8.3 STREET 544E LAKEWOOD CIR.  
8.4 CITY-ST-ZIP MARGATE FL 33063

ADDITION ✓

9.1 TITLE DIRECTOR  
9.2 NAME ISIDORE STERLING  
9.3 STREET 5560A LAKEWOOD CIR  
9.4 CITY ST ZIP MARGATE FL 33063