

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 741867

325-94 B-2683-C
(6)

1. Corporation Name

LAKWOOD ON THE GREEN VILLAS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5500 LAKEWOOD CIR NORTH
MARGATE FL 33063

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MARGATE FL 33063

3. Date Incorporated or Qualified: 03/02/1978
3a. Date of Last Report: 04/11/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1809145		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
24	Zip	25	Country	29	Zip	30	Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSENBLUM, DIANA
5500 LAKEWOOD CIR N.
MARGATE FL 33063

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	FS ROSENBLUM, DIANA 5482B LAKEWOOD CIRCLE MARGATE, FL 00000	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	PD SERVITTO, ED 5502B LAKEWOOD CIR. MARGATE FL	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	D HEIDENREICH
STREET ADDRESS		23 STREET ADDRESS	5560B LAKEWOOD CIR.
CITY-ST-ZIP		24 CITY-ST-ZIP	MARGATE FL 33063
TITLE	PD STONE, JACK 5504D LAKEWOOD CIR MARGATE FL	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	FICHERA JOSEPH
STREET ADDRESS		33 STREET ADDRESS	5442 F LAKEWOOD CIR.
CITY-ST-ZIP		34 CITY-ST-ZIP	MARGATE FL 33063
TITLE	D SAGE, FELIX 5550 LAKEWOOD CIRCLE MARGATE FL	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	VP/D BOCHICCHIO, VINCENT
STREET ADDRESS		43 STREET ADDRESS	450 E LAKEWOOD CIR.
CITY-ST-ZIP		44 CITY-ST-ZIP	MARGATE FL 33063
TITLE	TD RUBENSTEIN, NORMAN G 5530 LAKEWOOD CIRCLE MARGATE FL	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	RS MOSS DOROTHY
STREET ADDRESS		53 STREET ADDRESS	5510B LAKEWOOD CIR.
CITY-ST-ZIP		54 CITY-ST-ZIP	MARGATE FL 33063
TITLE	D PRICEMAN, HAROLD 5576 E. LAKEWOOD CIRCLE MARGATE FL	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	D STERLING ISIDORE
STREET ADDRESS		63 STREET ADDRESS	5560A LAKEWOOD CIR.
CITY-ST-ZIP		64 CITY-ST-ZIP	MARGATE FL 33063

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 119.07(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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96 954-971-9896
Date Day/late Phone #

NORMAN G. RUBENSTEIN

CR2E037 (12/95)