

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 741867 (6)
1. Corporation Name
LAKWOOD ON THE GREEN VILLAS ASSOCIATION, INC.



Principal Place of Business 5500 LAKEWOOD CIR NORTH MARGATE FL 33063	Mailing Address 5500 LAKEWOOD CIR NORTH MARGATE FL 33063-5234
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/02/1978	3a. Date of Last Report 03/25/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1809145	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 NORMAN G. RUBENSTEIN
	82. Street Address (P.O. Box Number is Not Acceptable) 5530C LAKEWOOD CIR SOUTH
	83. City MARGATE FL
	84. City FL 85. Zip Code 33063

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 *Norman G. Rubenstein* **NORMAN G. RUBENSTEIN** *Norman Rubenstein* **4/2/97**
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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSENBLUM, DIANA	1.2 NAME	NATHAN SCHWARTZBERG
STREET ADDRESS	5482B LAKEWOOD CIRCLE	1.3 STREET ADDRESS	5482-F LAKEWOOD CIR.
CITY-ST-ZIP	MARGATE, FL 00000	1.4 CITY-ST-ZIP	MARGATE FL, 33063
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERVITTO, ED	2.2 NAME	
STREET ADDRESS	5502B LAKEWOOD CIR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	2.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STONE, JACK	3.2 NAME	STANLEY SULTAN
STREET ADDRESS	5504D LAKEWOOD CIR	3.3 STREET ADDRESS	5302A LAKEWOOD CIR.
CITY-ST-ZIP	MARGATE FL	3.4 CITY-ST-ZIP	MARGATE FL 33063
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEIDENREICH	4.2 NAME	JERRY PRICE
STREET ADDRESS	5580-B LAKEWOOD CIRCLE	4.3 STREET ADDRESS	310B LAKEWOOD CIR.
CITY-ST-ZIP	MARGATE FL	4.4 CITY-ST-ZIP	MARGATE FL 33063
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCHICCHIO, VINCENT	5.2 NAME	
STREET ADDRESS	450 E. LAKEWOOD CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBENSTEIN NORMAN, G.	6.2 NAME	
STREET ADDRESS	5530 LAKEWOOD CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	6.4 CITY-ST-ZIP	

14. I do 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 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* **4/12/97** **954-971-9891**

CR2E037 (9/96)