

**FILE NOW: FILING FEE IS \$61.25**

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**Apr 06 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # 741867 (6)**  
1. Corporation Name  
**LAKEWOOD 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**

3. Date Incorporated or Qualified: **03/02/1978**  
4. FEI Number: **59-1809145**  
Applied For:  Not Applicable:   
6. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**RUBENSTEIN, NORMAN G  
5530 C LAKEWOOD CIRCLE SOUTH  
MARGATE FL 33063**

10. Name and Address of New Registered Agent  
81 Name: **JAMES A. MILES**  
82 Street Address (P.O. Box Number is Not Acceptable): **7686 WILES RD**  
83  
84 City: **COVINGTON** FL 85 Zip Code: **33067**

11. Pursuant to the provisions of Sections 617.0503 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]* **JAMES MILES** DATE: **3/16/98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHWARTZBERG, NATHAN	
STREET ADDRESS	5482-F LAKEWOOD CIRCLE	
CITY-ST-ZIP	MARGATE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SERVITTO, ED	
STREET ADDRESS	5502B LAKEWOOD CIR.	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SULTAN, STANLEY	
STREET ADDRESS	5502-A LAKEWOOD CIRCLE	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRICE, JERRY	
STREET ADDRESS	3108 LAKEWOOD CIRCLE	
CITY-ST-ZIP	MARGATE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BOCHICCHIO, VINCENT	
STREET ADDRESS	450 E. LAKEWOOD CIRCLE	
CITY-ST-ZIP	MARGATE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RUBENSTEIN NORMAN, G.	
STREET ADDRESS	5530 LAKEWOOD CIRCLE	
CITY-ST-ZIP	MARGATE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PMARTIN RICH-PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	5400C LAKEWOOD CIR	
1.4 CITY-ST-ZIP	MARGATE, FL, 33063	
2.1 TITLE	BARBARA WILK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	5470 B LAKEWOOD CIR	
2.4 CITY-ST-ZIP	MARGATE FL, 33063	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	CHARLOTTE BACH-SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	5550 G LAKEWOOD CIR	
5.4 CITY-ST-ZIP	MARGATE, FL, 33063	
6.1 TITLE	HY SADERSTEIN-VIP.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	5410 E LAKEWOOD CIR	
6.4 CITY-ST-ZIP	MARGATE, FL, 33063	

14. 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 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: *[Signature]* **NORMAN G. RUBENSTEIN** Date: **2/11/98** Phone: **954-973-9415**

CR2E037 (10/97)