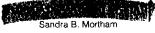
FILE NOW: FILING FEE IS

NONPROFIT CORPORATION ANNUAL REPORT





Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name 743704 (9)

THE GARDENS OF LAKEWOOD II CONDOMINIUM ASSOCIATI ON, INC.

Principal Place of Business Mailing Address						F HABINI TODIS BJAHF ININ 18041 OFFIZ DIDI BIAN ESDIS OFGIS DIDIS DEDIS DEDIS OFDIS FOR						
			.40									
5295 TOWN CENTER ROAD SUITE 200		5295 TOWN CENTER ROAD SUITE 200										
BOCA RATON FL 33486		BOCA RATON FL 33486			h	Date Incorporated or Qua	lifod	3a Da	to of Last	Benort		
						3.	07/25/1978					
2. Principal Pla	and of Rusiness	2a. Mailing Address				4.	FEI Number		<u> </u>		Applied For	
21	ace of Disariess	26					59-1890740 Not Applicable					
Suite, Apt. #	f. etc.	Suite, Apt. #, etc.					\$8.75 Additional					
22	,, 0.0.	27				5.	Certificate of Status Desir	eo		Fee	Required	
City & State		City & State				6.	Election Campaign Finance	cing		\$5.0	O May Be	
23		28					Trust Fund Contribution Added to Fees					
Zip	Country	Zip Country			8.	This corporation has liability for intangible tax under s. 199.032,						
24	25	29 30				Florida Statutes Yes No						
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent												
				81	Name						_	
ISAACSO	on, william K.		B2 Street Add			Address (P	.O. Box Number is Not Ac	ceptable))			
5295 TO	WN CENTER ROAD		83									
SUITE 20	00											
BOCA R	ATON FL 33486			84	City					85 Zi	p Code	
				Ŀ			1 2 4 1 - 4 4 4 5 - 4		FL	20122 12	registered office	
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 wit	h, and accept the obligations of, Section	n 617.0503, Florida Statutes.	,	·			,				•	
SIGNATURE _						aguired when n	- astat and		DATE			
	Signature, typed or printed name of registered agent a OFFICERS AND		E: Hegistered) Agen	it signature re:	equired when n	ADDITIONS/CHANGES T	O OFFIC		DIRECTO	DRS IN 12	
12. Til.£		DELETE	117	ITLE	- $ -$	T	1,001,101,010,010,010,010,010,010,010,0			Change	Addition	
NAME	P PIDENCELD CIDALEY		12 N		ļ				•		_	
STREET ADDRESS	RODEN LED, OIDILE			3 STREET ADDRESS								
-	7759 LAKESIDE BLVD #G801			1.4 CITY-ST-ZIP								
CITY - ST - ZIP TITLE	000/110/10/10			ITLE		 				Change	☐ Addition	
NAME	•		2.2 N	2.2 NAME								
STREET ADDRESS	7776 LAKESIDE BLVD G-503		2.3 STREET ADDRI		ADDRESS						i	
City-ST-ZIP	BOCA RATON FL		2. 4 CITY-ST-ZIF									
THILE	VPD DELETE			3.1 TITLE						Change	Addition	
NAME	WILBER, JAMES E.		32 N	3 2 NAME]						
STREET ADDRESS	7759 LAKESIDE BLVD.,G805		3 3 STREET ADDRESS		1							
CITY+ST-ZIP	BOCA RATON FL		3.4. CITY		ST-ZIF							
TITLE	D DELETE		4.1 T	4.1 TITLE			-			Change	☐ Addition	
NAME	BROWN, ELEANOR BROWN		4. 21	NAME								
STREET ADDRESS	7792 LAKESIDE BLVD. G-606		4.3 \$	TREET	ADDFESS							
CITY-ST-ZIP	BOCA RATON FL		4.4.0	HTY-S	ST-ZIP							
TITLE		DELETE	5.1 T	ITLE						Change	Addition	
NAME			52 N	IAME								
STREET ADDRESS			538	STREET	r address							
CITY - ST - ZIP			540	CITY-S	ST-ZIP					C7 0>	- Addition	
TIT⊾E	_		6.1 TITLE		1				Change	Addition		
NAME				AME								
STREET ADDRESS					T ADDRESS							
CHY-ST-ZIP	by certify that the information supplied v	the state of these to sent make the direct	6.4 (CITY-S	ST-ZIF	alify for the	avamntion stated in Secti	on 110 f	7/3/W F	vida State	ites. I further	
ساهنات است	t the information indicated on this coor	at ragart ar eupplamantal anni	ual romant	IC Tri	ila and ac	ccurate and	a toat my signature soat o	HVH IIIH S	sarrer recia	BUBLIAS	n mauro urruoi	
certify that the information indicated on this animal report of supported as a required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or												
SIGNAT	SIGNATURE: (Shub Trug , 2/1/96 (407) 483-6944											

E OF SIGNING OFFICER OR DIRECTOR