## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

5295 TOWN CENTER ROAD



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743704

(9)

Mailing Address

5295 TOWN CENTER ROAD

## THE GARDENS OF LAKEWOOD II CONDOMINIUM ASSOCIATION, INC.

SUITE 200 BOCA RATON F	FI 33486	SUITE 200 BOCA RATON FL 33486-1088					•				
		DOOR INTON IE WHOO'I	, ACC			Ì	Date Incorporate 07/25/197	d or Qualified		ate of Last 02/27/19	
<del></del>	face of Business	2a. Mailing Address				4.	FEI Number	40			Applied For
21		26					59-189074	<del>1</del> U			Not Applicable
Suite, Apt. 22		Suite, Apt. #, etc.				5.	. Certificate of Stat	tus Desired		•	Additional Required
City & State 23		City & State				6.	Election Campaig Trust Fund Contr				May Be I to Fees
Zip	Country	Zip	Coul	ntry		8.	This corporation	has liability for i	intangible	tax under	s. 199.032,
24	25	29	30				Florida Statutes	_		□ No	
·····	9. Name and Address of Current	Registered Agent		-41		10.	. Name and Addr	ess of New Re	gistered	Agent	
				B1	Name		1				
	DN, WILLIAM K.		<b>82</b> S			et Address (P.O. Box Number is Not Acceptable)					
	WN CENTER ROAD										
SUITE 20				83							
	ATON FL 33486		ŀ	84	City			<del></del>	FL	.   '   '	Code
Unice or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligat	oi Fiorida. Sucri change was i	authorized	יעם ג	the core	corporatio oration's t	on submits this stat board of directors.	lement for the p I hereby accer	ourpose of the app	f changing cointment a	its registered s registered
SIGNATURE .											
40	Signature Typed or printed name of registered agent		TE: Registered	Agen	ni signature		<u>-</u>		DATE		
12.	OFFICERS AND	DELETE	13.	· · ·			ADDITIONS/CHAN				
NAME	rubenfeld, sidney	LIM DECEN	1.1 TiT			JAC	k Clar	K-VP,	Sec.	L CHARGE	Addition
STREET ADDRESS	7759 LAKESIDE BLVD #G801		1.2 NA			770	72 LAKES	Side B	LUD	G-6	ഗു_
CITY-ST-ZIP	BOCA RATON FL				ADDRESS	170	CA RAT	- N (	=, =	124	34
TITLE	T	☐ DELETE	1.4 CIT 2.1 TIT		I+ZIP						
NAME	PROGER, ABRAHAM		2.2 NAI				FOIDENT				- Maningu
STREET ADDRESS	7776 LAKESIDE BLVD G-503				ADORESS	PRO	ogen ,	1 BBB	AHA	m	
CITY - ST - ZIP	BOCA RATON FL	_	2.4 CI				V	r			
TITLE	VPD	DOELETE	3.1 TIT		1-215	7712	ECTOR	<del></del>		Change	Addition
NAME	WILBER, JAMES E.	<del></del>	3.2 NA			ED	ZALA	_			
STREET ADDRESS	7759 LAKESIDE BLVD.,G805				ADDRESS 1	2276	o Laket	EIDO F	SWA	G-5	<b>202</b>
CITY-ST-2IP	BOCA RATON FL		3.4. Dri			这分	ARAT	2012	-	334	2
TITLE	D	DELETE	4.1 TIT		,		LECTOR		• -	Change	
NAME	BROWN, ELEANOR BROWN	~	4.2 NA		1		WA 5	MEIN	K-E	<b>元</b>	
STREET ADDRESS	7792 LAKESIDE BLVD. G-606				address !		35 La,	CE 3   D	e G	iwo	G-90st
CITY-ST-ZIP	BOCA RATON FL		4.4 CIT		Ĺ		CA RA		FI	, <del>-3</del> 34	
TITLE		☐ DELETE	5.1 TITI		7	200	DCTOR	,		Change	Addition
NAME			5.2 NA			40-	200	~ cco			_
STREET ADDRESS			1		address	770	ZYAKES	De B	LUD	6-6	002
CITY-ST-ZIP			5.4 CIT		-ZIP	500	HUR SI 2 LAKES A RA	-00	FL	234	34
TITLE		DELETE	6.1 TIT					1		Change	Addition
NAME			6.2 NA	ME	ŀ			•			_
STREET ADDRESS					ADDRESS						
			· ·								

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 chapter on an attagrament with an address.

SIGNATURE:

2118

Daytime Phone # 0044000

**FILED** 

Mar 10 1997 8:00am

Secretary of State