


FILE NOW: FILING FEE IS \$61.25

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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743704 (9)

1. Corporation Name
THE GARDENS OF LAKEWOOD II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 5285 TOWN CENTER ROAD SUITE 200 BOCA RATON FL 33486	Mailing Address 5285 TOWN CENTER ROAD SUITE 200 BOCA RATON FL 33486
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3. Date Incorporated or Qualified 07/25/1978		
4. FEI Number 59-1890740	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**ISAACSON, WILLIAM K.
5295 TOWN CENTER ROAD
SUITE 200
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	S CLARK, JACK 7792 LAKESIDE BLVD G-602 BOCA RATON FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Vice President / Secretary
<input type="checkbox"/> DELETE	PT PROGER, ABRAHAM 7776 LAKESIDE BLVD G-503 BOCA RATON FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	D BONA, ED 7776 LAKESIDE BLVD G-502 BOCA RATON FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	D SHNEINKER, SYLVIA 7735 LAKESIDE DR. G-602 BOCA RATON FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VIVIAN SCHWEIZER 7792 LAKESIDE BLVD G-605 BOCA RATON, FL (DIRECTOR)
<input type="checkbox"/> DELETE	D SACCO, AUTHUR 7792 LAKESIDE BLVD, G-602 BOCA RATON FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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]* 11/15/98 (561) 483-6944

CR2E037 (10/97)