

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90074 041 \*\*\*\*61.25

**DOCUMENT # 743704**

1. Entity Name

**THE GARDENS OF LAKEWOOD II CONDOMINIUM ASSOCIATI**

Principal Place of Business

Mailing Address

5295 TOWN CENTER ROAD  
 SUITE 200  
 BOCA RATON FL 33486

5295 TOWN CENTER ROAD  
 SUITE 200  
 BOCA RATON FL 33486-1086

**911910**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1890740**

Applied For  
 Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** | Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VPS**  Delete  
 NAME **CLARK, JACK**  
 STREET ADDRESS **7792 LAKESIDE BLVD G-602**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **PT**  Delete  
 NAME **PROGER, ABRAHAM**  
 STREET ADDRESS **7776 LAKESIDE BLVD G-503**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **D**  Delete  
 NAME **BONA, ED**  
 STREET ADDRESS **7776 LAKESIDE BLVD G-502**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **D**  Delete  
 NAME **SCHWEIZER, VIVIAN**  
 STREET ADDRESS **7792 LAKESIDE BLVD G605**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **D**  Delete  
 NAME **SACCO, AUTHUR**  
 STREET ADDRESS **7792 LAKESIDE BLVD, G-602**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

Date

(561) 483-6244

Daytime Phone #