

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)



FILED
2006 SEP 18 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 743704			
1. Entity Name THE GARDENS OF LAKEWOOD II CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 21045 COMMERCIAL TRAIL BOCA RATON FL 33486		Mailing Address 21045 COMMERCIAL TRAIL BOCA RATON FL 33486	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1890740		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

2nd MOORE CR2E037 (4/06)

6. Name and Address of Current Registered Agent WILLIAM K. ISAACSON, 21045 COMMERCIAL TRAIL BOCA RATON FL 33486				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)			
Zip				Zip Code			

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV CLARK, JACK 7792 LAKESIDE BLVD G-602 BOCA RATON FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/TREASURER SYLVIA CLARK 7792 LAKESIDE BLVD G-602 BOCA RATON, FL 33434 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT PROGER, ABRAHAM 7776 LAKESIDE BLVD G-503 BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ABRAHAM PROGER 7776 LAKESIDE BLVD #503 BOCA RATON, FL 33434 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGLER, ELI 604-7792 LAKESIDE BLVD BOCA RATON FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY - ELI FIGLER 7792 LAKESIDE BLVD #604 BOCA RATON, FL 33434 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHN, HARVEY 7776 LAKESIDE BLVD # 506 BOCA RATON FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HARVEY KAHN 7776 LAKESIDE BLVD #506 BOCA RATON, FL 33434 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDEL, PHILLIP 7792 LAKESIDE BLVD # 604 BOCA RATON FL 33434 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700080026967 09/21/06--01023--025 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 9/19/06 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Harvey Kahn HARVEY KAHN 7/19/06