

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAR 23 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H95279 (6)

1. Corporation Name

LAKEWOOD GARDENS, INC.

Principal Place of Business

**ARTHUR DARCH
2700 S.E. 13TH COURT
POMPANO BEACH FL 33062**

Mailing Address

**ARTHUR DARCH
2700 S.E. 13TH COURT
POMPANO BEACH FL 33062**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/15/1986

3a. Date of Last Report
05/01/1994

4. FEI Number
59-1760736

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**DOCKS, ROSALIND A.
12069 QUILTING LN
BOCA RATON FL 33428**

*Arthur Darch
2700 S.E. 13th Court
Pompano Beach, FL
33062*

81 Name

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

83

City

10. Name and Address of New Registered Agent

81 Name

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

83

City

FL

85 Zip Code

33062

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Arthur Darch

Arthur Darch

3/15/95

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**T
DOCKS, ROSALIND A.
12069 QUILTING LN
BOCA RATON FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**S
BERTOK, ELIZABETH
2911 NE 45TH STREET
LIGHTHOUSE POINT FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VP
FRAWLEY, MICHAEL J.
6043 NW 187 ST TE 17A
MIAMI LAKES FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**P
DOCKS, MICHAEL G.
12069 QUILTING LANE
BOCA RATON FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Treasurer ☒ Change ☐ Addition

*Arthur Darch
2700 S.E. 13th Court
Pompano Beach, FL 33062*

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

S ☐ Change ☐ Addition

Same

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

VP ☒ Change ☐ Addition

*J. Cosby
3760 S.W. 59th Ave. Apt. #2
Davie, FL 33314*

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

P ☒ Change ☐ Addition

*Bruce Maclean
1301 S.E. 3rd Terrace
Pompano Beach, FL 33060*

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if not used as an attachment with an address.

SIGNATURE: *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/95

305 785 6670