

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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

**FILED**

98 APR 14 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N44543 (9)**

**1. Corporation Name LAKES AT BOCA RATON COMMERCIAL PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business		Mailing Address	
5858 CENTRAL AVENUE ST. PETERSBURG FL 33707		5858 CENTRAL AVENUE ST. PETERSBURG FL 33707	

3. Date Incorporated or Qualified <b>07/29/1991</b>	
4. FEI Number <b>59-2620244</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	25 Country	28 Zip	30 Country

**9. Name and Address of Current Registered Agent**

**SHER, CRAIG H**  
5858 CENTRAL AVENUE  
ST. PETERSBURG FL 33707

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHER, CRAIG H	
STREET ADDRESS	5858 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SEMBLER, GREGORY S	
STREET ADDRESS	5858 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SEMBLER,	
STREET ADDRESS	1000 CLINT MOORE RD 110	
CITY-ST-ZIP	BOCA RATON FL 33707	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	100002490014--0
1.4 CITY-ST-ZIP	-04/16/98--01013--001
2.1 TITLE	VPD
2.2 NAME	SEMBLER, GREGORY S
2.3 STREET ADDRESS	5858 CENTRAL AVENUE
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33707
3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SEMBLER, BRENT W
3.3 STREET ADDRESS	5858 CENTRAL AVENUE
3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33707
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 to this address.

SIGNATURE: *Craig H. Sher* **Craig H. Sher** 4/03/98 813-384-6000

CR2E037 (10/97)