

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

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N44543**

1. Corporation Name

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

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

Mailing Address  
5858 CENTRAL AVENUE  
ST. PETERSBURG FL 33707



07/29/99 11:15  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	07/29/1991	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-2620244	
24	Country	29	Country	Applied For	
		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SHER, CRAIG H 5858 CENTRAL AVENUE ST. PETERSBURG FL 33707		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		FL	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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	SHER, CRAIG H		
5858 CENTRAL AVENUE		1.3 STREET ADDRESS	
ST. PETERSBURG FL 33707		1.4 CITY-ST-ZIP	
SD	SEMBLER, GREGORY S	2.1 TITLE	SEMBLER, GREGORY S.
5858 CENTRAL AVENUE		2.2 NAME	
ST. PETERSBURG FL 33707		2.3 STREET ADDRESS	
STD	SEMBLER, BRENT W	2.4 CITY-ST-ZIP	
5858 CENTRAL AVENUE		3.1 TITLE	500002859
ST. PETERSBURG FL 33707		3.2 NAME	-04/30/99--01140--014
		3.3 STREET ADDRESS	*****70.00 *****70.00
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		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 with an address, with all other like empowered.

SIGNATURE: *[Signature]* 4-19-99 727-384-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Daytime Phone #

0052927

CR2E037 (11/98)