

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90051 048 ****61.25

DOCUMENT # N44543

1. Entity Name

LAKES AT BOCA RATON COMMERCIAL PROPERTY OWNERS'

Principal Place of Business

Mailing Address

5858 CENTRAL AVENUE
 ST. PETERSBURG FL 33707

5858 CENTRAL AVENUE
 ST. PETERSBURG FL 33707-1728

2. Principal Place of Business

6554 Landings Court

3. Mailing Address

6554 Landings Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Boca Raton, FL

City & State
 Boca Raton, FL

4. FEI Number
59-2620244

Applied For
 Not Applicable

Zip
 33496

Country
 USA

Zip
 33496

Country
 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

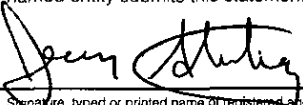
7. Name and Address of New Registered Agent

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

Name
Jerry Sternberg
 Street Address (P.O. Box Number is Not Acceptable)
 6554 Landings Court
 City
 Boca Raton FL Zip Code
 33496

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:
 FEE 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

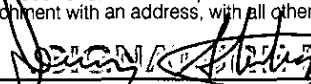
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SHER, CRAIG H	
STREET ADDRESS	5858 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SEMBLER, GREGORY S	
STREET ADDRESS	5858 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SEMBLER, BRENT W	
STREET ADDRESS	5858 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry Sternberg	
STREET ADDRESS	6554 Landings Court	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norman Kasser	
STREET ADDRESS	7280 Campana Court	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robin Rash c/o InSite Real Estate Develop.	
STREET ADDRESS	1603 W. 16th Street	
CITY-ST-ZIP	Oakbrooke, ILL 60523	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:



REQUIRE STERNBERG

4/13/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)