

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4:07

DOCUMENT # 735426 (9)
1. Corporation Name
LAKEWOOD MID-RISE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
698 LAKESIDE BOULEVARD BOCA RATON FL 33434
BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/30/1976 3a. Date of Last Report 03/21/1994
4. FEI Number 59-1672003 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ 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 Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

NARLOW, KARYN M.
698 LAKESIDE BOULEVARD
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

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 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 607.0508, Florida Statutes.

SIGNATURE Karyn M. Narlow, Property Manager 1/13/95
Signature, typed printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE D
1.2 NAME GLAZIER, RAYMOND
1.3 STREET ADDRESS 512 LAKESIDE BLVD
1.4 CITY-ST-ZIP BOCA RATON FL
2.1 TITLE D
2.2 NAME BOGART, CHARLES
2.3 STREET ADDRESS 1034 LAKESIDE BOULEVARD
2.4 CITY-ST-ZIP BOCA RATON FL 33434
3.1 TITLE PD
3.2 NAME CANNON, LELA
3.3 STREET ADDRESS 533 LAKESIDE BLVD
3.4 CITY-ST-ZIP BOCA RATON FL
4.1 TITLE VD
4.2 NAME CORNFELD, SHELDON
4.3 STREET ADDRESS 734 LAKESIDE BLVD
4.4 CITY-ST-ZIP BOCA RATON FL
5.1 TITLE ST
5.2 NAME MARKEL, BETTY SUE
5.3 STREET ADDRESS 383 LAKESIDE BLVD
5.4 CITY-ST-ZIP BOCA RATON FL
6.1 TITLE D
6.2 NAME FARBER, JEROME
6.3 STREET ADDRESS 734 LAKESIDE BLVD
6.4 CITY-ST-ZIP BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME JANOFF, MURRAY
1.3 STREET ADDRESS 841 LAKESIDE BOULEVARD
1.4 CITY-ST-ZIP BOCA RATON, FLORIDA 33434
2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME ROTHCHILD, HENRY
2.3 STREET ADDRESS 541 LAKESIDE BOULEVARD
2.4 CITY-ST-ZIP BOCA RATON, FLORIDA 33434
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(b), 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.

SIGNATURE: LELA CANNON
Signature and typed name of signing officer or director
LELA CANNON, PRESIDENT

1/13/95 (407)
483-6944