

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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



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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country  
25 Country 30 Country

3. Date Incorporated or Qualified 03/30/1976 3a. Date of Last Report 01/27/1995  
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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 PETER MOLLENGARDEN  
82 Street Address (P.O. Box Number is Not Acceptable) BECKER, POLINA KOT  
83 500 AUSTRALIAN AVE SO. 9TH FLOOR  
84 City WEST PALM BEACH, FL 85 Zip Code 33401-5084

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

2/22/96

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D  
NAME GLAZIER, RAYMOND  
STREET ADDRESS 512 LAKESIDE BLVD  
CITY-ST-ZIP BOCA RATON FL  
TITLE D  
NAME ROTHCHILD, HENRY  
STREET ADDRESS 541 LAKESIDE BOULEVARD  
CITY-ST-ZIP BOCA RATON FL  
TITLE PD  
NAME CANNON, LELA  
STREET ADDRESS 533 LAKESIDE BLVD  
CITY-ST-ZIP BOCA RATON FL  
TITLE VD  
NAME CORNFELD, SHELDON  
STREET ADDRESS 734 LAKESIDE BLVD  
CITY-ST-ZIP BOCA RATON FL  
TITLE ST  
NAME MARKEL, BETTY SUE  
STREET ADDRESS 383 LAKESIDE BLVD  
CITY-ST-ZIP BOCA RATON FL  
TITLE D  
NAME FARBER, JEROME  
STREET ADDRESS 734 LAKESIDE BLVD  
CITY-ST-ZIP BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/96 (907) 483-6944

CR2E037 (12/95)