

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90416 002 ****61.25

DOCUMENT # 735426

1. Entity Name

**LAKEWOOD MID-RISE CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business

**698 LAKESIDE BOULEVARD
BOCA RATON FL 33434**

Mailing Address

**698 LAKESIDE BOULEVARD
BOCA RATON FL 33434**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1672003

Applied For

Not Applicable

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

**MOLLENGARDEN, PETER
BECKIE POLIAKOFF
500 AUSTRALIAN AVENUE SOUTH 9TH FLOOR
WEST PALM BEACH FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GUAZIER, SHIRLEY**
STREET ADDRESS **7768 LAKESIDE BLVD, UNIT 512**
CITY-ST-ZIP **BACA RATON FL**

TITLE **D** ☒ Delete
NAME **GOLDBERG, KEN**
STREET ADDRESS **7768 LAKESIDE BLVD, UNIT 523**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **PD** ☐ Delete
NAME **CANNON, LELA**
STREET ADDRESS **7768 LAKESIDE BLVD, UNIT 533**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☐ Delete
NAME **BARON, LEONARD**
STREET ADDRESS **7835 LAKESIDE BLVD #965**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **DST** ☐ Delete
NAME **SPIEGLER, MARCEL**
STREET ADDRESS **7738 LAKESIDE BLVD #371**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **D** ☒ Delete
NAME **RASHBAUM, RICHARD**
STREET ADDRESS **7786 LAKESIDE BLVD, UNIT 614**
CITY-ST-ZIP **BOCA RATON FL 33434**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME **Spelling error:**
STREET ADDRESS **GLAZIER**
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **ALAN ROSENBERG**
CITY-ST-ZIP **7754 LAKESIDE BLVD #484**
BOCA RATON, FL 33434

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Vice president**
STREET ADDRESS **SAUNDRA GOODMAN**
CITY-ST-ZIP **7786 LAKESIDE BLVD, STE 686**
BOCA RATON FL 33434

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/04 (561) 483-6944
Date Daytime Phone #