2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2004 8:00 am Secretary of State

DOCUMENT # N95000002564 1. Entity Name LWG CONDOMINIUM ASSOCIATION, INC.										-	7 031 **** <i>6</i>	
Principal Place of Business 1250 LINCOLN RD. MIAMI BCH, FL 33139			Mailing Address 306 ALCAZAR AVE SUITE 303 CORAL GABLES, FL 33134				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 2950 N. 284 Terrace Suite Apt. #, etc.			<u>e</u>	1 12 41,114					
			City & State				04052004 Chg-NP CR2E037 (10/03)					
City & State			Hollywood, FLORIC			A	4. FEI Number Applied For 65-0589672 Not Applicable					
Žip	· ,.:		33020		Country		5. Certificate of Status Desired S8.75 Additional Fee Required					
·	6. Name and /	Address of Current F	Registered Agent	+ - "	Name	_	. Name and	A -	of New	Hegister	ed Agent	
	KIE HWY 1100				l į	. \$K	RLD, I		Acceptab	ile)		سيمت الماس درادر
CORAL GABLES, FL 33196						AI	hamb	172	Girco	 o	Sucti	1102
City Ora						ral	Hhambra Grele Suite 1102 1 Gables FL 33934					
	named entity subr		the purpose of chang	ing its register	ed office or r	registered	agent, or bot	th, in the	State of F	lorida. I	am familiar with	, and accept
SIGNATURE .		Inc. by Lisa		(NOTE: Register	44-		cretar	у	4/2	21/04		a
				-	• •	ie tednilen wi	criscistating)			UA	16	
	Filing Fee is Due by May		9. Electi	on Campaign I Fund Contribu	inancing	\$	5.00 May B	le ,		Make ch	neck payable partment of S	
10.	Due by May	OFFICERS AND DIR	9. Electi Trust	Fund Contribut	Financing tion. [\$	5.00 May B		Flo	Make ch orida De	neck payable partment of S	N 10
TITLE	Due by May	OFFICERS AND DIR	9. Electi Trust	Fund Contribute 11.	Financing tion.	\$	5.00 May B		Flo	Make ch orida De	neck payable partment of S	State
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	EVICE PRES KERN, TIMOTI 1250 LINCOLN MIAMI BEACH	OFFICERS AND DIR TREAS. HYP IRD 507 I, FL 33139	9. Electi Trust	Fund Contribut 11. TITL NAM STR CITT TITLE TITLE TITLE	EE ADDRESS (-ST-ZiP)	\$	5.00 May B		Flo	Make ch orida De	neck payable partment of S	N 10
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12. I nereby certify that the information supplied with this iting does not qualify for the exemption stated in Section 119.07(3)(i). Florida statutes, in timer 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:

SATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RIVAS / PRESIDENT

(305) 434-9000

Daytime Phone #