

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735426

**Entity Name:** LAKEWOOD MID-RISE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**698 LAKESIDE BOULEVARD  
BOCA RATON, FL 33434**Current Mailing Address:**698 LAKESIDE BOULEVARD  
BOCA RATON, FL 33434**FEI Number:** 59-1672003**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BACKER, KEITH  
THE ARBOR, STE 420  
400 SOUTH DIXIE HIGHWAY  
BOCA RATON, FL 33432 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D
Name	SPIEGLER, MARCEL
Address	7738 LAKE SIDE BLVD #371
City-State-Zip:	BOCA RATON FL 33434

Title	P
Name	HERB, LEVINE
Address	7754 LAKESIDE BLVD #432
City-State-Zip:	BOCA RATON FL 33434

Title	ST
Name	SALAMON, FREDA
Address	7768 LAKESIDE BLVD, # 533
City-State-Zip:	BOCA RATON FL

Title	D
Name	KOPPER, JIM
Address	7768 LAKESIDE BLVD #531
City-State-Zip:	BOCA RATON FL 33434

Title	VP
Name	PICKELL, GILDA
Address	7754 LAKESIDE BLVD #431
City-State-Zip:	BOCA RATON FL 33434

Title	DIRECTOR
Name	WITKIN, IRVING
Address	7802 LAKESIDE BLVD #785
City-State-Zip:	BOCA RATON FL 33434

Title	DIRECTOR
Name	STERN, MALCOLM
Address	7819 LAKESIDE BLVD
City-State-Zip:	BOCA RATON FL 33434

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** HERBERT LEVINE

PRESIDENT

04/02/2015

Electronic Signature of Signing Officer/Director Detail

Date