

2013 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 | ROSEN, BEVERLY |
| Address | 7754 LAKE SIDE BLVD #425 |
| 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 | MINTZ, PAULA |
| Address | 7786 LAKESIDE BLVD #633 |
| 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 | 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 |

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: HERB LEVINE

P

04/04/2013

Electronic Signature of Signing Officer/Director Detail

Date