

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735525

Entity Name: VILLAGE OF LAKEWOOD ASSOCIATION, INC.**Current Principal Place of Business:**790 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487**Current Mailing Address:**790 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US**FEI Number: 59-1672004****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BACKER, KEITH ESQ
400 ARBOR STE 420
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	DEAN, ROSALIE
Address	7792 LAKESIDE BLVD #G603
City-State-Zip:	BOCA RATON FL 33434

Title	VPS
Name	ROBERTS, GARY
Address	7809 LAKESIDE BLVD #20-8
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	DIRECTOR
Name	GOLDBERG, CAROL
Address	7770 LAKESIDE BLVD #G303
City-State-Zip:	BOCA RATON FL 33434

Title	D
Name	AMSTER, HERB
Address	7738 LAKESIDE BLVD #314
City-State-Zip:	BOCA RATON FL 33434

Title	PRESIDENT
Name	SCHWARTZ, VIC
Address	7918 LAKESIDE BLVD. #824
City-State-Zip:	BOCA RATON FL 33434

Title	DIRECTOR
Name	SCHATTNER, AUDREY
Address	7802 LAKESIDE BLVD #715
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: VIC SCHWARTZ**PRESIDENT****03/02/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date