

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1995



REVENUE DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **735426** (9)
1. Corporation 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**

3. Date Incorporated or Qualified: **03/30/1976**
3a. Date of Last Report: **01/27/1995**
4. FEI Number: **59-1672003**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**NARLOW, KARYN M.
698 LAKESIDE BOULEVARD
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent
81 Name: **PETER MOLLENGARDEN**
82 Street Address (P.O. Box Number is Not Acceptable): **BECKIE POLINA KOTS**
83 **500 AUSTRALIAN AVE SO. 9TH FLOOR**
84 City: **WEST PALM BEACH, FL** 85 Zip Code: **33401-5084**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **2/22/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLAZIER, RAYMOND	1.2 NAME	
STREET ADDRESS	512 LAKESIDE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHCHILD, HENRY	2.2 NAME	
STREET ADDRESS	541 LAKESIDE BOULEVARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNON, LELA	3.2 NAME	
STREET ADDRESS	533 LAKESIDE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNFIELD, SHELDON	4.2 NAME	
STREET ADDRESS	734 LAKESIDE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKEL, BETTY SUE	5.2 NAME	
STREET ADDRESS	383 LAKESIDE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARBER, JEROME	6.2 NAME	
STREET ADDRESS	734 LAKESIDE BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1/18/96** (907) 483-6944

CR2E037 (12/95)