

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA 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 Mailing Address
698 LAKESIDE BOULEVARD BOCA RATON FL 33434
698 LAKESIDE BOULEVARD BOCA RATON FL 33434-3157

3. Date Incorporated or Qualified 03/30/1976
3a. Date of Last Report 02/27/1996
4. FEI Number 59-1672003 Applied For Not Applicable
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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
MOLLENGARDEN, PETER
BECKIE POLIAKOFF
500 AUSTRALIAN AVENUE SOUTH 9TH FLOOR
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D GLAZIER, RAYMOND	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	512 LAKESIDE BLVD	1.2 NAME	
STREET ADDRESS	BACA RATON FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D ROTHCHILD, HENRY	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	541 LAKESIDE BOULEVARD	2.2 NAME	TREASURER/DIRECTOR
STREET ADDRESS	BOCA RATON FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD CANNON, LELA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	533 LAKESIDE BLVD	3.2 NAME	
STREET ADDRESS	BOCA RATON FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD CORNFIELD, SHELDON	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	734 LAKESIDE BLVD	4.2 NAME	VICEPRESIDENT/DIRECTOR
STREET ADDRESS	BOCA RATON FL	4.3 STREET ADDRESS	MURRAY JANOSK
CITY-ST-ZIP		4.4 CITY-ST-ZIP	841 LAKESIDE BLVD
TITLE	ST MARKEL, BETTY SUE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	383 LAKESIDE BLVD	5.2 NAME	SECRETARY/DIRECTOR
STREET ADDRESS	BOCA RATON FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D FARBER, JEROME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	734 LAKESIDE BLVD	6.2 NAME	
STREET ADDRESS	BOAC RATON FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ DATE 4/2/97

CR2E037 (9/96)