


FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90036 014 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735426

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
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DEPARTMENT OF STATE



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/30/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1672003
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Country 29	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 30	Trust Fund Contribution

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
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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 <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	BACA RATON FL	1.4 CITY-ST-ZIP	
TITLE	TD <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	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANOFF, MURRAY	4.2 NAME	
STREET ADDRESS	841 LAKES DR BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	SD <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	BOAC RATON FL	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED CANNON 1/5/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)