

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90280 036 ****70.00

DOCUMENT # 735426	
1. Entity 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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

1st MOORE	CR2E037 (10/04)
4. FEI Number	Applied For
59-1672003	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	GLAZIER, SHIRLEY
STREET ADDRESS	7768 LAKESIDE BLVD, UNIT 512
CITY-ST-ZIP	BACA RATON FL
TITLE	<input type="checkbox"/> Delete
NAME	ROSENBERG, ALAN
STREET ADDRESS	7754 LAKESIDE BLVD #484
CITY-ST-ZIP	BOCA RATON FL 33434
TITLE	<input type="checkbox"/> Delete
NAME	PD CANNON, LELA
STREET ADDRESS	7768 LAKESIDE BLVD, UNIT 533
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input checked="" type="checkbox"/> Delete
NAME	BARON, LEONARD
STREET ADDRESS	7835 LAKESIDE BLVD #965
CITY-ST-ZIP	BOCA RATON FL 33434
TITLE	<input type="checkbox"/> Delete
NAME	DST SPIEGLER, MARCEL
STREET ADDRESS	7738 LAKESIDE BLVD #371
CITY-ST-ZIP	BOCA RATON FL 33434
TITLE	<input type="checkbox"/> Delete
NAME	VP GOODMAN, SAUNDRA
STREET ADDRESS	7786 LAKESIDE BLVD, UNIT 614
CITY-ST-ZIP	BOCA RATON FL 33434

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDA Salaman
STREET ADDRESS	7819 Lakeside Blvd
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:	3/29/05 (561) 483-6944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #