

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90019 033 \*\*\*\*70.00

**DOCUMENT # 735525**

1. Entity Name

VILLAGE OF LAKEWOOD ASSOCIATION, INC.



Principal Place of Business

Mailing Address

698 LAKESIDE BLVD  
BOCA RATON FL 33434

698 LAKESIDE BLVD  
BOCA RATON FL 33434

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1672004

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

WAYPA, CINDY  
698 LAKESIDE BLVD  
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name

KEITH BACKER, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

THE ARIZON SUITE 420

400 SOUTH Dixie Highway

City

BOCA RATON

FL

Zip Code

33434

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

KEITH BACKER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	ABEP, ROGER	
STREET ADDRESS	503 LAKES DR. BLVD.	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	CANNON, LELA	
STREET ADDRESS	698 LAKESIDE BLVD.	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOODMAN, SAUNDRA	
STREET ADDRESS	7788 LAKESIDE BLVD. UNIT #686	
CITY-STATE-ZIP	BOCA RATON FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	KANE, MARVIN	
STREET ADDRESS	7747 LAKESIDE BLVD. UNIT 18-2	
CITY-STATE-ZIP	BOCA RATON FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRISKY, ROBERT	
STREET ADDRESS	698 LAKESIDE BLVD	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALAMON, FRIDA	
STREET ADDRESS	7819 LAKESIDE BLVD. #863	
CITY-STATE-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-STATE-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL ZISSER	
STREET ADDRESS	7802 LAKESIDE BLVD #731	
CITY-STATE-ZIP	BOCA RATON, FL 33434	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES KOPPER	
STREET ADDRESS	7768 LAKESIDE BLVD #531	
CITY-STATE-ZIP	BOCA RATON, FL 33434	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/07

Date

Daytime Phone #