

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2009
Secretary of State**

DOCUMENT# 735525

Entity Name: VILLAGE OF LAKEWOOD ASSOCIATION, INC.

Current Principal Place of Business:

698 LAKESIDE BLVD
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

698 LAKESIDE BLVD
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 59-1672004 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BACKER, KEITH ESQ
400 ARBOR STE 420
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARVEY, KAHN
Address: 7776 LAKESIDE BLVD
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: LEWIS, MARY
Address: 77861 LAKE SIDE BLVD
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: KOPPER, JAMES
Address: 7768 LADESIDE BLVD #531
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: FRUMAN, ALAN
Address: 7738 LAKES SIDE BLVD.
City-St-Zip: BOCA RATON, FL 33434

Title: D (X) Delete
Name: KRISKY, ROBERT
Address: 698 LAKESIDE BLVD
City-St-Zip: BOCA RATON, FL

Title: VP () Delete
Name: SALAMON, FRIDA
Address: 7819 LAKESIDE BLVD. #863
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPS (X) Change () Addition
Name: ROBERTS, GARY
Address: 7809 LAKESIDE BLVD #20-8
City-St-Zip: BOCA RATON, FL 33434

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PT (X) Change () Addition
Name: SALAMON, FRIDA
Address: 7819 LAKESIDE BLVD. #863
City-St-Zip: BOCA RATON, FL 33434

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN FRUMAN

D

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date