

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

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90185 002 \*\*\*\*61.25

**DOCUMENT # 738943**

1. Entity Name

LAKEWOOD EAST HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

P O BOX 938604  
P O BOX 938604  
MARGATE FL 33063  
US

Mailing Address

P O BOX 938604  
P O BOX 938604  
MARGATE FL 33063  
US



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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1962319

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOHREND, TRAUTE  
4950 N W 7TH STREET  
COCONUT CREEK FL 33063

7. Name and Address of New Registered Agent

Name Timothy Gula

Street Address (P.O. Box Number is Not Acceptable)  
775 NW 49 Avenue

City Coconut Creek

**FL**

Zip Code  
33063

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

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 ☐ Delete  
NAME CHISARI, REYMOND  
STREET ADDRESS 4951 N W 7TH STREET  
CITY- ST- ZIP COCONUT CREEK FL 33063

TITLE ☒ Delete  
NAME GOHREND, SIEGFRIED  
STREET ADDRESS 4950 N W 7TH STREET  
CITY- ST- ZIP COCONUT CREEK FL 33063

TITLE ☐ Delete  
NAME DENOVA, LYNN  
STREET ADDRESS 861 N W 49TH WAY  
CITY- ST- ZIP COCONUT CREEK FL 33063

TITLE ☐ Delete  
NAME GULA, TIMOTHY  
STREET ADDRESS 775 N W 49TH AVE  
CITY- ST- ZIP COCONUT CREEK FL 33063

TITLE ☒ Delete  
NAME GOHREND, TRAUTE  
STREET ADDRESS 4950 N W 7TH STREET  
CITY- ST- ZIP COCONUT CREEK FL 33063

TITLE ☒ Delete  
NAME AESTEL, WILFRIED  
STREET ADDRESS 4945 N W 6TH STREET  
CITY- ST- ZIP COCONUT CREEK FL 33063

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME T Jean Gula  
STREET ADDRESS 775 NW 49 Ave.  
CITY- ST- ZIP Coconut Creek, FL 33063

TITLE ☐ Change ☒ Addition  
NAME mark Hall  
STREET ADDRESS 941 NW 49 Way  
CITY- ST- ZIP Coconut Creek, FL 33063

TITLE ☐ Change ☒ Addition  
NAME Xenia Deliz  
STREET ADDRESS 821 NW 49 Way  
CITY- ST- ZIP Coconut Creek, FL 33063

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Director Phone #