

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**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**



04172008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**GULA, TIMOTHY  
775 NW 49 AVENUE  
COCONUT CREEK, FL 33063**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000911152  
05/07/08-80029-004 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
CHISARI, REYMOND  
4951 N W 7TH STREET  
COCONUT CREEK, FL 33063**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
GULA, JEAN  
775 NW 49 AVE  
COCONUT CREEK, FL 33063**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
HULL, MARK  
941 NW 49 WAY  
COCONUT CREEK, FL 33063**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
DELIZ, XENIA  
821 NW 49 WAY  
COCONUT CREEK, FL 33063**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Geoff E. Hull* Treasurer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*4/18/08*

Daytime Phone #