


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90367 050 ****70.00

DOCUMENT # 739495	
1. Entity Name THE GARDENS OF LAKEWOOD CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business C/O LANG MANAGEMENT 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486	Mailing Address C/O LANG MANAGEMENT 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
ISAACSON, WILLIAM K 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486	

40034107



01242007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1808048	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____
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, 2007	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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDBERG, CAROL			NAME			
STREET ADDRESS	7770 LAKESIDE BLVD, G-303			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL			CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRISKY, ROBERT			NAME			
STREET ADDRESS	7736 LAKESIDE BL G 207			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOLL, RICHARD			NAME			
STREET ADDRESS	7710 LAKESIDE BLVD G-105			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33434			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENMAN, MAURICE			NAME			
STREET ADDRESS	7804 LAKE SIDE BLVD., G405			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33434			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POLLACK, JOEL			NAME			
STREET ADDRESS	7770 LAKESIDE BLVD., G-302			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33434			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Robert Krisky 2/28/07 561-487-9790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #