

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 739495

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



FILED
Jul 22, 2008 08:00 AM
Secretary of State

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



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

06202008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-1808048

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ISAACSON, WILLIAM K
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486

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 September 12, 2008

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	D	<input type="checkbox"/> Delete
NAME	GOLDBERG, CAROL	
STREET ADDRESS	7770 LAKESIDE BLVD, G-303	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KRISKY, ROBERT	
STREET ADDRESS	7736 LAKESIDE BL G 207	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOLL, RICHARD	
STREET ADDRESS	7710 LAKESIDE BLVD G-105	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GREENMAN, MAURICE	
STREET ADDRESS	7804 LAKE SIDE BLVD., G405	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	VP	<input type="checkbox"/> Delete
NAME	POLLACK, JOEL	
STREET ADDRESS	7770 LAKESIDE BLVD., G-302	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000955951	
CITY-ST-ZIP	07/22/08-80011-012 70.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 P.R.S. ROBERT KRISKY 4/07/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #