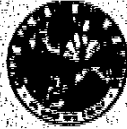


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 9:53

DOCUMENT # 741867 (6)

1. Corporation Name
LAKEWOOD ON THE GREEN VILLAS ASSOCIATION, INC.

Principal Place of Business Mailing Address
5500 LAKEWOOD CIR NORTH MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/02/1978	3a. Date of Last Report 03/30/1994
4. FEI Number 59-1809145	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country
25. Zip Country	30. Zip Country

9. Name and Address of Current Registered Agent

**ROSENBLUM, DIANA
5500 LAKEWOOD CIR N.
MARGATE FL 33063**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	FS
NAME	ROSENBLUM, DIANA
STREET ADDRESS	5482B LAKEWOOD CIRCLE
CITY-ST-ZIP	MARGATE, FL 00000
TITLE	PD
NAME	SERVITTO, ED
STREET ADDRESS	5502B LAKEWOOD CIR.
CITY-ST-ZIP	MARGATE FL
TITLE	VD
NAME	STONE, JACK
STREET ADDRESS	5504D LAKEWOOD CIR
CITY-ST-ZIP	MARGATE FL
TITLE	VPD
NAME	SAGE, FELIX
STREET ADDRESS	5550 LAKEWOOD CIRCLE
CITY-ST-ZIP	MARGATE FL
TITLE	T
NAME	RUBENSTEIN, NORMAN G
STREET ADDRESS	5530 LAKEWOOD CIRCLE
CITY-ST-ZIP	MARGATE FL
TITLE	D
NAME	PRICEMAN, HAROLD
STREET ADDRESS	5576 E. LAKEWOOD CIRCLE
CITY-ST-ZIP	MARGATE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RECORDING SEC. DOAOTHY MOSS
2.3 STREET ADDRESS	5510 B LAKEWOOD CIR.
2.4 CITY-ST-ZIP	MARGATE FL 33063
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PRESIDENT / DIRECTOR
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DIRECTOR
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TREAS / DIRECTOR
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Norman G Rubenstein **4/5/95** **305-973-9215**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
NORMAN G RUBENSTEIN



741867

LAKWOOD ON THE GREEN VILLAS ASSOCIATION, INC.
5500 LAKEWOOD CIRCLE N. MARGATE, FLA 33063

NON PROFIT CORPORATION ANNUAL REPORT 1995

ITEM 13

CHANGE ✓

7.1 TITLE VICE PRES / DIRECTOR
7.2 NAME VINCENT BOCHICCHIO
7.3 STREET ADDRESS 450E LAKEWOOD CIR.
7.4 CITY-ST-ZIP MARGATE FL 33063

8.1 TITLE DIRECTOR
8.2 NAME THOMAS GAVIN
8.3 STREET 544E LAKEWOOD CIR.
8.4 CITY-ST-ZIP MARGATE FL 33063

ADDITION ✓

9.1 TITLE DIRECTOR
9.2 NAME ISIDORE STERLING
9.3 STREET 5560A LAKEWOOD CIR
9.4 CITY ST ZIP MARGATE FL 33063