

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 741867

1. Corporation Name

LAKEWOOD ON THE GREEN VILLAS ASSOCIATION, INC.

3-25-96 B-2683-C
(6)



Principal Place of Business

Mailing Address

5500 LAKEWOOD CIR NORTH
MARGATE FL 33063

5500 LAKEWOOD CIR NORTH
MARGATE FL 33063

3. Date Incorporated or Qualified

03/02/1978

3a. Date of Last Report

04/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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30

4. FEI Number

59-1809145

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSENBLUM, DIANA
5500 LAKEWOOD CIR N.
MARGATE FL 33063

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE FS ☐ DELETE

NAME ROSENBLUM, DIANA
STREET ADDRESS 5482B LAKEWOOD CIRCLE
CITY-ST-ZIP MARGATE, FL 00000

TITLE PD ☐ DELETE

NAME SERVITTO, ED
STREET ADDRESS 5502B LAKEWOOD CIR.
CITY-ST-ZIP MARGATE FL

TITLE PD ☐ DELETE

NAME STONE, JACK
STREET ADDRESS 5504D LAKEWOOD CIR
CITY-ST-ZIP MARGATE FL

TITLE D ☒ DELETE

NAME SAGE, FELIX
STREET ADDRESS 5550 LAKEWOOD CIRCLE
CITY-ST-ZIP MARGATE FL

TITLE TD ☐ DELETE

NAME RUBENSTEIN, NORMAN G
STREET ADDRESS 5530 LAKEWOOD CIRCLE
CITY-ST-ZIP MARGATE FL

TITLE D ☒ DELETE

NAME PRICEMAN, HAROLD
STREET ADDRESS 5576 E. LAKEWOOD CIRCLE
CITY-ST-ZIP MARGATE FL

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

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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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NORMAN G. RUBENSTEIN

3/20/96 954-971-9896

CR2E037 (12/95)