

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741867** (6)
1. Corporation Name
LAKEWOOD ON THE GREEN VILLAS ASSOCIATION, INC.



Principal Place of Business 5500 LAKEWOOD CIR NORTH MARGATE FL 33063	Mailing Address 5500 LAKEWOOD CIR NORTH MARGATE FL 33063-5234
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3. Date Incorporated or Qualified 03/02/1978	3a. Date of Last Report 03/25/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	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
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 NORMAN G. RUBENSTEIN
82 Street Address (P.O. Box Number is Not Acceptable) 5530C LAKEWOOD CIR SOUTH
83 MARGATE FL
84 City FL
85 Zip Code 33063

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 *Norman G. Rubenstein* **NORMAN G. RUBENSTEIN** *Norman G. Rubenstein* **4/2/97**
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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROSENBLUM, DIANA		1.2 NAME NATHAN SCHWARTZBERG	
STREET ADDRESS 5482B LAKEWOOD CIRCLE		1.3 STREET ADDRESS 5482-F LAKEWOOD CIR.	
CITY-ST-ZIP MARGATE, FL 00000		1.4 CITY-ST-ZIP MARGATE FL, 33063	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SERVITTO, ED		2.2 NAME	
STREET ADDRESS 5502B LAKEWOOD CIR.		2.3 STREET ADDRESS	
CITY-ST-ZIP MARGATE FL		2.4 CITY-ST-ZIP	
TITLE PD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STONE, JACK		3.2 NAME STANLEY SULTAN	
STREET ADDRESS 5504D LAKEWOOD CIR		3.3 STREET ADDRESS 5302A LAKEWOOD CIR.	
CITY-ST-ZIP MARGATE FL		3.4 CITY-ST-ZIP MARGATE FL 33063	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HEIDENREICH		4.2 NAME TERRY PRICE	
STREET ADDRESS 5580-B LAKEWOOD CIRCLE		4.3 STREET ADDRESS 310B LAKEWOOD CIR.	
CITY-ST-ZIP MARGATE FL		4.4 CITY-ST-ZIP MARGATE FL 33063	
TITLE VPD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOCHICCHIO, VINCENT		5.2 NAME	
STREET ADDRESS 450 E. LAKEWOOD CIRCLE		5.3 STREET ADDRESS	
CITY-ST-ZIP MARGATE FL		5.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	6.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUBENSTEIN NORMAN, G.		6.2 NAME	
STREET ADDRESS 5530 LAKEWOOD CIRCLE		6.3 STREET ADDRESS	
CITY-ST-ZIP MARGATE FL		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **4/12/97** **954-971-9891**

CR2E037 (9/96)