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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 741867

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
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2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 03/02/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1809145
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

9. Name and Address of Current Registered Agent MILES, JAMES R 7688 WILES RD CORAL SPRINGS FL 33067	10. Name and Address of New Registered Agent 81 Name GABRIEL F LAURA 82 Street Address (P.O. Box Number is Not Acceptable) 5380 B LAKEWOOD CIR 83 MARGATE 84 City MARGATE FL 85 Zip Code 33063
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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 617.0582, Florida Statutes.

SIGNATURE: *Gabriel F. Laura* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP <input checked="" type="checkbox"/> DELETE	NAME: RICH, MARTIN	1.1 TITLE: DPT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME: NORMAN G RUBENSTEIN
STREET ADDRESS: 5400C LAKEWOOD CIR	CITY-ST-ZIP: MARGATE FL 33063	1.3 STREET ADDRESS: 5330C LAKEWOOD CIR, S1	1.4 CITY-ST-ZIP: MARGATE FL 33063
TITLE: D, S <input type="checkbox"/> DELETE	NAME: WILK, BARBARA	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5470 B LAKEWOOD CIR	CITY-ST-ZIP: MARGATE FL 33063	2.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: SULTAN, STANLEY	3.1 TITLE: PRESIDENT	3.2 NAME: GABRIEL F. LAURA
STREET ADDRESS: 5502-A LAKEWOOD CIRCLE	CITY-ST-ZIP: MARGATE FL	3.3 STREET ADDRESS: 5380B LAKEWOOD CIR.	3.4 CITY-ST-ZIP: MARGATE FL 33063
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: PRICE, JERRY	4.1 TITLE: DIRECTOR	4.2 NAME: MARTY G. LAZER
STREET ADDRESS: 3108 LAKEWOOD CIRCLE	CITY-ST-ZIP: MARGATE FL	4.3 STREET ADDRESS: 5782A LAKEWOOD CIR.	4.4 CITY-ST-ZIP: MARGATE FL 33063
TITLE: DS <input checked="" type="checkbox"/> DELETE	NAME: BACH, CHARLOTTE	5.1 TITLE: DIRECTOR	5.2 NAME: MARK SONNENFELD
STREET ADDRESS: 5550 G LAKEWOOD CIR	CITY-ST-ZIP: MARGATE FL 33063	5.3 STREET ADDRESS: 370C LAKEWOOD CIR.	5.4 CITY-ST-ZIP: MARGATE FL 33063
TITLE: DVP <input checked="" type="checkbox"/> DELETE	NAME: SAPERSTEIN, HY	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5410 E LAKEWOOD CIR	CITY-ST-ZIP: MARGATE FL 33063	6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE: *Norman G Rubenstein* REQUIRED G RUBENSTEIN-TREAS. 4/8/99 914-973-9215
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE 1 OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)