2008 NOT-FOR-PROFIT CORPORATION

Apr 18, 2008 8:00 am Secretary of State ANNUAL REPORT (AR) **DOCUMENT # 743704** 1. Entity Name 04-18-2008 90026 009 ****70.00 THE GARDENS OF LAKEWOOD II CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 21045 COMMERCIAL TRAIL 21045 COMMERCIAL TRAIL **BOCA RATON FL 33486 BOCA RATON FL 33486** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-1890740 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAM-K. ISAACSON Street Address (P.O. Box Number is Not Acceptable) 21045 COMMERCIAL TRAIL **BOCA RATON FL 33486** 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 protect name of registered agent and it is if applicable. (NOTE: Begistered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to: \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PRECTOR TITLE TITLE ☐ Delete ☐ Change Addition CLARK, SLYVIA MAME NAME 7792 LAKESIDE BLVD G-602 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33434** CITY ST-7IP CITY-ST-ZIP 10115 TITLE ■ Addition PROGER, ABRAHAM NAME NAME 7776 LAKESIDE BLVD #503 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF **BOCA RATON FL 33434** CITY-ST-ZIP SD TITLE TITLE Detete. ☐ Addition Change FIGLER, ELI NAME NAME 7792 LAKESIDE BLVD #604 STREET ADDRESS STREET ADDPESS CITY-ST-71P **BOCA RATON FL 33434** CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change ☐ Addition KAHN, HARVEY NAME NAME STREET ADDRESS 7776 LAKESIDE BLVD # 506 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33434** CITY-ST-ZIP TIFLE ☐ Delete DUE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7/P

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZiP

☐ Change

☐ Addition

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP