

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 744444 (1)

1. Corporation Name
THE GARDENS OF LAKEWOOD III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
P.O. BOX 810081 BOCA RATON FL 33481

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/02/1978	3a. Date of Last Report 04/18/1994
4. FEI Number 59-1890741	Applied For 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. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~COHOTTLAND, JAMES K.
7671 LAKESIDE BLVD. #G1014
BOCA RATON FL 33484~~

81 Name	LANG MANAGEMENT CO., INC.
82 Street Address (P.O. Box Number is Not Acceptable)	5295 TOWN CENTER ROAD, #200
83	
84 City	BOCA RATON FL 85 Zip Code 33496

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 prescribed by Sections 607.0502, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME COHOTTLAND, JAMES	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7671 LAKESIDE BLV G1004	CITY-ST-ZIP BOCA RATON, FL 33484	1.2 NAME	TD
TITLE VD	NAME CELENTANO, ROSETTA	1.3 STREET ADDRESS	DIAMOND, AL
STREET ADDRESS 7809 LAKESIDE BLV G2001	CITY-ST-ZIP BOCA RATON, FL 00000	1.4 CITY-ST-ZIP	7747 LAKESIDE BLVD G1801
TITLE D	NAME HARRIS, PHILLIP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7709 LAKESIDE BLVD G1707	CITY-ST-ZIP BOCA RATON, FL 00000	2.2 NAME	PD
TITLE GD	NAME GROGGMAN, FRANK	2.3 STREET ADDRESS	
STREET ADDRESS 7600 LAKESIDE BLVD G2004	CITY-ST-ZIP BOCA RATON, FL 33484	2.4 CITY-ST-ZIP	
TITLE D	NAME GAYNES, SEYMOUR	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7747 LAKESIDE BL #G1808	CITY-ST-ZIP BOCA RATON, FL 00000	3.2 NAME	
TITLE GD	NAME BANCROFT, WALTER B.	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7773 LAKESIDE BLVD G1904	CITY-ST-ZIP BOCA RATON, FL	3.4 CITY-ST-ZIP	
TITLE VPD	NAME VPD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	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 110.07(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:

Alton Dural TRAS.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-95
DATE

Charter #