

FILE NOW: FILING FEE IS \$61.25 6180

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 744444
1. Corporation Name
THE GARDENS OF LAKEWOOD III CONDO. ASSN., INC.

PAID
MAY 01 1996

Principal Place of Business Mailing Address (same as principal)
20540 Country Club Blvd. Suite 101
BOCA RATON, FL 33434

1570

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/02/78	02/06/95
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
23. City & State		28. City & State		59-1890741	Not Applicable
24. Zip		29. Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25. Country		30. Country		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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LANG MANAGEMENT 5295 TOWN CENTER RD. STE 200 BOCA RATON, FL 33486				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD	1.2 NAME	
STREET ADDRESS	DIAMOND, AL	1.3 STREET ADDRESS	
CITY-ST-ZIP	7747 LAKESIDE BLVD APT G1802 BOCA RATON, FL 33434	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD	2.2 NAME	
STREET ADDRESS	CELENTANO, ROSETTA	2.3 STREET ADDRESS	
CITY-ST-ZIP	7809 LAKESIDE BLVD G201 BOCA RATON, FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P	3.2 NAME	
STREET ADDRESS	LERNER, NORMAN	3.3 STREET ADDRESS	
CITY-ST-ZIP	7671 LAKESIDE BLVD G 16-5 BOCA RATON, FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD	4.2 NAME	
STREET ADDRESS	WALTER B. BANCROFT	4.3 STREET ADDRESS	
CITY-ST-ZIP	7773 LAKESIDE BLVD G 19-4 BOCA RATON, FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPD	5.2 NAME	000001825160 -05/16/96--01100--020 ***\$61.25
STREET ADDRESS	GAYNES, SEYMOUR	5.3 STREET ADDRESS	
CITY-ST-ZIP	7747 LAKESIDE BLVD. G1806 BOCA RATON, FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 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 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: Rosetta Celestano 5/06/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: DAYTIME PHONE #

CR2E037 (12/95)