FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

Principal Place of Business

744444

(1)

Mailing Address

THE GARDENS OF LAKEWOOD III CONDOMINIUM ASSOCIATION, INC.

May 08 1998 8:00am Secretary of State

FILED

					L				
20540 COUNTRY CLUB BLVD.		20540 COUNTRY CLUB BLVD.				3. Date Incorporated or Qualified			
BOCA RATON FL 33434		STE 101 BOCA RATON FL 33434				10/02/1978			
1000.		book throat it total			- 7	4. FEI Number		Applied For	
						59-1890741	[Not Applicable	
2. Principal P	ace of Business	2a. Mailing Address	2s. Mailing Address			5. Certificate of Status Desired	<u>□</u> \$8	3.75 Additional	
21		26			`	. Corimone of Status Desired		Fee Required	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.				Election Campaign Financing \$5.00 May Be			
22		27				Trust Fund Contribution			
City & State	9	City & State			7	7. Is this nonprofit corporation a homeowners association?			
23		28					JYes □ No		
Zip			Country		₹ .	8. This corporation owes or has paid the current year Intangible			
24	25		30			Personal Property Tax due June 30. Yes No			
··-···································	9. Name and Address of Currer	nt Registered Agent		,		Name and Address of New Re	gistered Agent	1	
			Į'	81 Nam	ne				
LANG MGMT CO			l t	62 Stre	et Address	ess (P.O. Box Number is Not Acceptable)			
5295 TOWN CENTER RD			L	_1		, , , , , , , , , , , , , , , , , , ,			
#200			ין	63					
BOCA RATON FL 33496			ļ.	84 City	1		Ter	Zip Code	
			1	City			FL 85	Zip Code	
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 register 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								ging its registered	
office of 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	, ,								
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F	Registered	Agent signal	iture required wh	en reinstating)	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	TD	DELETE	1.1 TITI	LE	TDI	ector	** c	hange Addition	
NAME	DIAMOND, AL		1.2 NA	VIE	ונעין ו	rector			
STREET ADDRESS	7747 LAKESIDE BLVD #G180	2	1.3 STR	EET ADDRES	ss				
CITY-ST-ZIP	BOCA RATON FL 33434		1.4 Cm	Y-ST-ZIP					
TITLE	PD	DELETE	2.1 TITL	LE	PPre	sidento Kessner	c	hange Addition	
NAME	CELENTANO, ROSETTA		2.2 NA	ME				x	
STREET ADDRESS	7809 LAKESIDE BLV G201		2.3 STR	EET ADDRES		Lakeside Blvd.			
CITY-ST-ZIP	BOCA RATON FL	_	2.4 CIT	Y-ST-ZIP	Boca	Raton, FL. 33	434		
TITLE	SD	DELETE	3.1 TITL	Æ	V.Pr	resti	□ c	hange 🖈 Addition	
NAME	BANCROFT, WALTER B.		3.2 NAA	ME	F	ie Zinman			
STREET ADDRESS	7773 LAKESIDE BLVD #G19-4	4	3.3 STR	EET ADDRES	ss 7671	Lakeside Blvd	#G16_P		
CITY-ST-ZIP	BOCA RATON, FL 00000	-		Y-ST-ZIP		Raton, FL. 334			
TITLE	VPD	DELETE	4.1 TITL		1	<u>-</u>	∵ □ c	hange	
NAME	GAYNES, SEYMOUR	•	4. 2 NA	ME		easurer D	x		
STREET ADDRESS	7747 LAKESIDE BL #G1806			ieet addres		liam Lipton			
CITY-ST-ZIP	BOCA RATON, FL 00000			ree i Autones Y-ST-ZIP	~ 780	9 Lakeside Blvd	l.		
0/11+31-2F	DOOM TINTON, I L 00000	Liberer	5.5 UII	1-51-217		Daton Dr 33	131 6		

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.

5.2 NAME

6.2 NAME

DELETE

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Secretary

SIGNATURE: STORMANTED DECOURED.

LERNER, NORMAN

BOCA RATON FL

CITY-ST-ZIP

TITLE

7671 LAKESIDE BLVD. G 16-5

ana Ad

Hon 28 98

☐ Addition

CR2E037 (10/9)