## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 744444**

THE GARDENS OF LAKEWOOD III CONDOMINIUM ASSOCIAT ION, INC

Principal Place of Business
20540 COUNTRY CLUB BLVD

2. Principal Place of Business

**BOCA RATON FL 33434** 

Suite, Apt. #, etc.

Mailing Address

20540 COUNTRY CLUB BLVD.

STE 101 **BOCA RATON FL 33434** 

2a. Mailing Address

Suite, Apt. #, etc.

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## **FILED** Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90014 014 \*\*\*\*70.00

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3. Date Incorporated or Qualifed

10/02/1978

-59-1890741

4. FEI Number

City & State	8	L	City & State					5. Certificate of Star	tus Desired	□\$*	Ψ0.13 A	
23		28	<u></u>				1				Fee Rec	uired
Zip	Country	$\Box$	Zip		intry			<ol><li>Election Campai</li></ol>	•		\$5.00 1	
24	25	29		30		·····		Trust Fund Cont			Added to	Fees
	<ol> <li>Name and Address of Current R</li> </ol>	legiste	ered Agent		Ļ.,			10. Name and Add	ress of New I	Registered	i Agent	
					81	Name						
LANG MG	MT CO				82	Street	Address	(P.O. Box Number	is Not Accepta	able)		
	IN CENTER RD				82 Street Address (P.O. Box Number is Not Acceptable)							
#200	OEMIEN ND				83							
	TON FL 33496							<del></del>			85 Zip C	odo
BUCA NA	1011 FL 33490				84	City				FI	<b>85</b> Zip C	
11. Pursuant	to the provisions of Sections 617.0502 a	nd 61	7.1508, Florida Statut	es, the a	bove	named	corpora	tion submits this sta	tement for the	purpose o	f changing its r	egistered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida	ı. Such change was a	utnorized	ו עם נ	the corpo	oration's	s board of directors.	I hereby accep	ot the appo	ointment as reg	istered
SIGNATURE												
	Signature, typed or printed name of registered agent at				Agen	t signature r	w beriuper	nen reinstating)	NOTO TO CO	DATE	ND DIRECTOR	DC IN 12
12.	- OFFICERS AND	DIREC		13.			T /5.	ADDITIONS/CHA	NGES TO OF	FIGERS A		Addition
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CITY-ST-ZIP	BOCA RATON FL 33434		•	1.4 C	TY-SI	r-zip	B	OCARATO	NPL	339	154	
TITLE	PD		□ DELETE	2.1 Ti	TLE						Change	☐ Addition
NAME	KESSNER, FRANCES M			2.2 N	AME							
STREET ADDRESS	7709 LAKESIDE BLVD 17-3			2.3 S	TREET	ADDRESS						
CITY-ST-ZIP	BOCA RATON FL			2.40	ITY-\$	T-ŻIP		* - 2 × · ·				
TITLE	VPD		☐ DELETE	3.1 T	TLE						Change	☐ Addition
NAME /	SINMAN, MAYTIE ZINI	19	N	3.2 N	AME		Z1	M,GAMG	AYTIE			
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NAME	LIPTON, WILLIAM			4.21	IAME							
STREET ADDRESS						ADDRESS						
	BOCA RATON, FL 00000				ITY-SI							
CITY-ST-ZIP TITLE	S		☐ DELETE	5.1 T		1 - <u>4   r</u>		<del></del>			☐ Change	Addition
NAME	~		<u> </u>	5.2 N	-						•	
	LERNER, NORMAN 7671 LAKESIDE BLVD. G 16-5			5.3 S	TREET	ADDRESS						
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CITY-ST-ZIP	BOCA RATON FL		☐ DELETE	6.1 T		1 - <del>4</del> .11	+-			····	Change	Addition
πŒ	; * <del>,</del> *		الله الله	6.2 N					÷	,	٧٠	
NAME ,						ADDRESS					•	
STREET ADDRESS	Contract Contract						1					
CITY-ST-ZIP	·				ITY-S1		1 0	E 440 07/03/11 E1-	-da Ctatute -	I fruither =	artific that the le	formation
14. I hereby of indicated	certify that the information supplied with on this annual report or supplemental a	this fili anual r	ng does not qualify for	er the execurate and	mpti I thai	ion stated t mv sign	a in Sec nature s	mon 119.07(3)(i), Flo hall have the same i	mua Statutes. egal effect as i	i iuriner ci if made un	ermy mat me in der 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:

TUBBAZQUIRED

3/23/99

Applied For

Not Applicable