

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90022 005 ****70.00

DOCUMENT # 744444

1. Entity Name

THE GARDENS OF LAKEWOOD III CONDOMINIUM ASSOCIAT

Principal Place of Business

Mailing Address

20540 COUNTRY CLUB BLVD.
 STE 101
 BOCA RATON FL 33434

20540 COUNTRY CLUB BLVD.
 STE 101
 BOCA RATON FL 33434-4206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1890741

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANG MGMT CO
5295 TOWN CENTER RD
#200
BOCA RATON FL 33496

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	KANE, MARVIN	7747 LAKESIDE BLVD., G18-2	BOCA RATON FL 33434	<input type="checkbox"/>
PD	KESSNER, FRANCES M	7709 LAKESIDE BLVD 17-3	BOCA RATON FL	<input type="checkbox"/>
VPD	ZINMAN, MAYTIE	7671 LAKESIDE BLVD G16-8	BOCA RATON FL 33434	<input type="checkbox"/>
TD	LIPTON, WILLIAM	7809 LAKESIDE BLVD 4-20-8	BOCA RATON, FL 00000	<input type="checkbox"/>
S	LERNER, NORMAN	7671 LAKESIDE BLVD. G 16-5	BOCA RATON FL	<input type="checkbox"/>
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 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.

SIGNATURE: FRANCES M KESSNER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCES KESSNER APR 18/2000
 Date Daytime Phone #

CR2E037 (9/99)