

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90176 023 \*\*\*\*70.00

**DOCUMENT # 744444**

1. Entity Name

**THE GARDENS OF LAKEWOOD III CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

21045 COMMERCIAL TRAIL  
BOCA RATON FL 33486

21045 COMMERCIAL TRAIL  
BOCA RATON FL 33486

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  Delete  
 NAME **TD KANE, MARVIN**  
 STREET ADDRESS **7747 LAKESIDE BLVD., G18-2**  
 CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE  Change  Addition  
 NAME **VP**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD KESSNER, FRANCES M**  
 STREET ADDRESS **7709 LAKESIDE BLVD 17-3**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VPD ZINMAN, MAYTIE**  
 STREET ADDRESS **7671 LAKESIDE BLVD G16-8**  
 CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE  Change  Addition  
 NAME **TD STAN WITKIN**  
 STREET ADDRESS **7809 Lakeside Blvd - G204**  
 CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE  Delete  
 NAME **SD LERNER, NORMAN**  
 STREET ADDRESS **7671 LAKESIDE BLVD. G 16-5**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **D Harriet Calman**  
 STREET ADDRESS **773 Lakeside Blvd - 1902**  
 CITY-ST-ZIP **Boca Raton, FL 33434**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 Kessner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb 14/02*

Date Daytime Phone #

CR2E037 (9/01)