

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 744444**

1. Entity Name  
**THE GARDENS OF LAKEWOOD III CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486**

Mailing Address  
**21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486**



01112007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1890741**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LANG MGMT CO  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000644492  
03/02/07-80044-008 70.00

10. OFFICERS AND DIRECTORS

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

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

TITLE SD  
NAME WEISS, STEVEN  
STREET ADDRESS 7809 LAKESIDE BLVD, 20-2  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE VP  
NAME EDWARDS, PHILIP  
STREET ADDRESS 7809 LAKESIDE BLVD, 207  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE TD  
NAME ROBERTS, GARY  
STREET ADDRESS 7809 LAKESIDE BLVD, G208  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Marvin Kane* **PRESIDENT**

*February 15/07*