


**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
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**DO NOT WRITE IN THIS SPACE**



01112007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-1890741</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD KANE, MARVIN 7747 LAKESIDE BLVD., G18-2 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KESSNER, FRANCES M 7709 LAKESIDE BLVD 17-3 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEISS, STEVEN 7809 LAKESIDE BLVD, 20-2 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EDWARDS, PHILIP 7809 LAKESIDE BLVD, 207 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERTS, GARY 7809 LAKESIDE BLVD, G208 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:** Marvin Kane PRESIDENT February 15/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Phone #