## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name 764953

(6)

LAVECIDE	CONDOMINIUM	ASSOCIATION	NO.	4.	INC
LVKFZIIIE	I JI INII DE MUIITARI 11VI	AUUUUUITIIVII	110.	.,	

	CONDOMINIUM ASSOCIA										
Principal Place of E	Business		iling Address								
10780 CEDAR POINT B		0780 CEDAR POINT BLVI OYNTON BEACH FL 334	LVD 3437-1310			3. Date Incorporated or Qualified 3a. Date of Last Repo					
								<b>09/10/1982</b> Et Number	—		oplied For
2. Principal Place	of Business	1-	Mailing Address				4. Fi	El Number <b>59-2293870</b>		<u> </u>	ot Applicable
n		26	Suite, Apt. #, etc.				+			\$8.75	Additional
Suite, Apt. #, e	etc.	—	Suite, Apt. #, 6tc.				<u> </u>	Certificate of Status Desired		ree ne	equired
City & State		27	City & State					Election Campaign Financing			May Be
City & State		28	-				1 т	Trust Fund Contribution		Added	to Fees
<b>Z</b> ip	Country		Zip	Cour	intry		[		Yes	s ∐ No	. 50,402,
.n	25	29		30			10 F	Florida Statutes  Name and Address of New F			
<u>-1</u>	9. Name and Address of Current	t Regis	tered Agent		81	Name	10. 1				
				١		l		1 Pay Number in Not Assessed	ple)		
CUSTON	PROPERTY MGMT			i	82	Street Ac	ndress (P.C	O. Box Number is Not Acceptal			
2328 S CC	ongress ave, ste 2A					3					
WEST PAL	LM BCH FL 33406									85 Zip	Code
				84	,			/	FL   1		
44 0	the provisions of Sections 617.0502	and 61	7.1508, Florida Statutes	's the abx	ove-i	named corp	poration su	ubmits this statement for the plactors. Thereby accept the accept	ourpose c pointme	or changing its ru ant as registered	agent. I am
or registered	the provisions of Sections 617.0502 d agent, or both, in the State of Florid n, and accept the obligations of, Section	da Suci	h change was authorize 0503, Florida Statutes	ed by the	: cort	poration's t	on a Of Alf				
									D/	DATE	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if				ent signature reg	juired when rei	einstating: ADDITIONS/CHANGES TO OF		S AND DIRECTO	RS IN 12
12.	OFFICERS AND	ID DIRE	CTORS	13.	TITLE	— Т				K Change	Addition
TITLE	VT		DELETE		TITLE NAME		TR	RKAS, MAX			
NAME	POMERANTZ, LEO		÷			E ADDRESS	1014	11 Mangrove Di	€.#	¥ 201	
STREET ACCURESS	10141 MANGROVE DR #105	١.				-ST-ZIP	Boyn	nton Beach , E	FL.	33437	
CITY - ST - ZIP	BOYNTON BCH FL		DELETE		CITY-		V.P			Change	Addition
TITLE	SD		No.co		2 NAME		BROW	WNSTRIN. HERBI	ERT	·	
NAME	DRAZIN, IRENE					EET ADDRESS	1013	37 Mangrove Di	r.#	<b>†</b> 104	
STREET ADDRESS	10137 MANGROVE DR #204	+				Y-S1-ZIP	Boyn	nton Beach , I	FL	33437	Andrei-
CITY-ST-ZIP	BOYNTON BCH FL		DELETE		1 TITLE		SEC.			Change Change	Addition
TITLE	PD POWEDANTZ SHIPLEY		_	32	2 NAME	tE )	COHE	EN. ARNOLD		<b>v</b>	
NAME OXOSEX ADODESE	POMERANTZ, SHIRLEY	;		33	1 STRE	REET ADDRESS	1013	37 Mangrove Di	r. i	# 202	
STREET ADDRESS	10141 MANGROVE DR #205	J				Y-ST-ZIP	Boun	nton Beach ,	FL.	33437	Addition
CITY-ST-ZIP	BOYNTON BCH FL		DELETE		1 TITLE		71	<u></u>	•	□ criange	2000H
TITLE	D LASKY JEROME				. 2 NAM		<b>\</b>				
NAME STREET ADDRESS	LASKY, JEROME 10137 MANGROVE DR #103	3		•		reet address					
STREET ADDRESS	BOYNTON BCH FL	_				Y-ST-ZIP	ļ			Change	e 🔲 Additio
CITY-ST-ZIP TITLE	BOYNTON BUH FL		DELETE		1 TITL					onangt	
1	BROWNSTEIN, HERBERT		<i>,</i> 1		2 NAM		1				
NAME	RKOMNOTEIN, HENDERT	4		5.	3 STR.	REET ADDRESS	1			•	

14. Ido hereby cert ty that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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.

5 4 CITY-ST-ZIP

63 STREET ADDRESS

6.1 TITLE

6 2 NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

10137 MANGROVE DR #104

**BOYNTON BCH FL** 

The stand Typed on Printed Name of Signing Officer on Director

DELETE

Change

Addition