


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90103 031 ****61.25

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| DOCUMENT # 766692 |  |
| 1. Entity Name LAKES OF CARRIAGE HILLS CONDOMINIUM ASSOCIATION, INC. | |

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| Principal Place of Business 4985 SABAL PALM BLVD TAMARAC FL 33319 US | Mailing Address 4985 SABAL PALM BLVE TAMARAC FL 33319 US |
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| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



MOORE CR2E037 (11/03)

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| 4. FEI Number 59-2261638 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent LEVY, RICHARD 4940 SABAL PALM BLVD SUITE 307 TAMARAC FL 33319 |
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| 7. Name and Address of New Registered Agent Name: HAROLD LICKER Street Address: 4975 SABAL PALM BLVD City: TAMARAC FL Zip Code: 33319 |
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| 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: <i>Harold Licker</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE: 4/15/04 |
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| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE PRES. NAME LICKER, HAROLD STREET ADDRESS 4975 SABAL PALM BLVD. CITY-ST-ZIP TAMARAC FL 33319 | <input type="checkbox"/> Delete |
| TITLE D NAME BURDMAN, MORTON STREET ADDRESS 4965 SABAL PALM BLVD. CITY-ST-ZIP TAMARAC FL 33319 | <input checked="" type="checkbox"/> Delete |
| TITLE D NAME BARBANELL, FATE STREET ADDRESS 4970 SABAL PALM BLVD. CITY-ST-ZIP TAMARAC FL 33319 | <input type="checkbox"/> Delete |
| TITLE P NAME FRADIN, SIDNEY STREET ADDRESS 4970 SABAL PALM BLVD CITY-ST-ZIP FORT LAUDERDALE FL 33319 | <input checked="" type="checkbox"/> Delete |
| TITLE D NAME ALLEN, ROBERT STREET ADDRESS 4965 SABAL PALM BLVD CITY-ST-ZIP TAMARAC FL 33319 | <input type="checkbox"/> Delete |
| TITLE D NAME MARKOWITZ, MURIEL STREET ADDRESS 4960 SABAL PALM BLVD CITY-ST-ZIP FORT LAUDERDALE FL 33319 | <input type="checkbox"/> Delete |

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| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE DELETE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME CAROL A. RUHL STREET ADDRESS 4965 SABAL PALM BLVD #210 CITY-ST-ZIP TAMARAC FL 33319 | |
| TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME JACK SالدINGER STREET ADDRESS 4975 SABAL CITY-ST-ZIP TAMARAC, FL 33319 | |
| TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME DHEIMAN WEISS STREET ADDRESS 4950 SABAL PALM BLVD. CITY-ST-ZIP TAMARAC, FL 33319 APT 203 | |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |

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| 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. |
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| SIGNATURE: <i>Harold Licker</i> HAROLD LICKER | 4-15-04 | 954 971-3889 AM |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |