

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90279 016 \*\*\*\*61.25

**DOCUMENT # 766692**

1. Entity Name

**LAKES OF CARRIAGE HILLS CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**4985 SABAL PALM BLVD  
TAMARAC FL 33319  
US**

Mailing Address  
**4985 SABAL PALM BLVE  
TAMARAC FL 33319  
US**



2. Principal Place of Business

3. Mailing Address

1st MOORE CR2E037 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-2261638**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LICKER, HAROLD ALLEN ROBERT~~  
**4975 SABAL PALM BLVD. 4965 SABAL PALM BLVD  
APT. 270 APT. 108  
TAMARAC FL 33319**

Name **ROBERT M. ALLEN**  
Street Address (P.O. Box Number is Not Acceptable)  
**4965 SABAL PALM BLVD**  
City **TAMARAC** FL Zip Code **33319**

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

**Robert M. Allen**

**Robert M. Allen**

**3/24/05**

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  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to:  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LICKER, HAROLD	
STREET ADDRESS	4975 SABAL PALM BLVD., #210	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARBANELL, FATE	
STREET ADDRESS	4970 SABAL PALM BLVD., #107	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FRADIN, SIDNEY	
STREET ADDRESS	4970 SABAL PALM BLVD., #203	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	ALLEN, ROBERT	
STREET ADDRESS	4965 SABAL PALM BLVD., #106	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARKOWITZ, MURIEL	
STREET ADDRESS	4960 SABAL PALM BLVD., #205	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME	SMITH, DON	
STREET ADDRESS	6090 SABAL PALM BLVD APT 111	
CITY-ST-ZIP	TAMARAC, FLA 33319	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNGER, HORTON	
STREET ADDRESS	4950 SABAL PALM BLVD 109	
CITY-ST-ZIP	TAMARAC, FLA 33319	
TITLE	V. PRES & SECT.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEISBERGER, ABIGAIL	
STREET ADDRESS	6085 SABAL PALM BLVD 307	
CITY-ST-ZIP	TAMARAC, FLA 33319	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSA, FERNANDO	
STREET ADDRESS	4965 SABAL PALM BLVD -405	
CITY-ST-ZIP	TAMARAC FLA 33319	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, HERMAN	
STREET ADDRESS	4950 SABAL PALM BLVD 203	
CITY-ST-ZIP	TAMARAC, FLA 33319	
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		

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

**Robert M. Allen**

**Robert M. Allen**

**3/24/05**

**954-968-2340**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #