

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Col. 25

**DOCUMENT # N03000002420**

1. Entity Name  
LAKE WORTH ROAD PROPERTY OWNERS  
ASSOCIATION, INC.



FILED  
04 JUL 30 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1541 SUNSET DRIVE, SUITE 300  
CORAL GABLES, FL 33143

Mailing Address  
1541 SUNSET DRIVE, SUITE 300  
CORAL GABLES, FL 33143



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

02122004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**APPLIED FOR**

Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

LEVINE, TODD  
1541 SUNSET DRIVE, SUITE 300  
CORAL GABLES, FL 33143

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOUCHER, MARC 1541 SUNSET DRIVE, SUITE 300 CORAL GABLES, FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCOTT, JEFF 1541 SUNSET DRIVE, SUITE 300 CORAL GABLES, FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEVINE, TODD 1541 SUNSET DRIVE, SUITE 300 CORAL GABLES, FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 10

☐ Change ☐ Addition

3000033145819  
04/20/04--01046--001 \*\*302.50

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Gerald H. Nigrier 7/14/04 305-666-2140

Form **SS-4**

(Rev. December 2001)

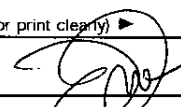
Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>LAKE WORTH ROAD PROPERTY OWNERS ASSOCIATION, INC.</b>		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>1541 Sunset Drive, Suite 300</b>		5a Street address (if different) (Do not enter a P.O. box.) <b>SAME</b>
	4b City, state, and ZIP code <b>Miami, FL 33143</b>		5b City, state, and ZIP code
	6 County and state where principal business is located <b>Miami-Dade Florida</b>		
	7a Name of principal officer, general partner, grantor, owner, or trustor <b>Todd S. Levine</b>		7b SSN, ITIN, or EIN <b>077-42-3374</b>
8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____			
8b If a corporation, name the state or foreign country (if applicable) where incorporated State <b>Florida</b> Foreign country _____			
9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>Property Owner Association</b> <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ <b>Property</b> <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
10 Date business started or acquired (month, day, year) <b>March 19, 2003</b>		11 Closing month of accounting year <b>December 31</b>	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ▶ <b>None</b>			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". . . . . ▶ <b>-0-</b> Agricultural <b>-0-</b> Household <b>-0-</b> Other			
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) <b>Property Owners Association</b> <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <b>None</b>			
16a Has the applicant ever applied for an employer identification number for this or any other business? . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____			
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name	Designee's telephone number (include area code) ( )	
	Address and ZIP code	Designee's fax number (include area code) ( )	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (type or print clearly) ▶ <b>Todd S. Levine, Treasurer</b>		Applicant's telephone number (include area code) ( 305 ) 666-2140	
Signature ▶ 		Applicant's fax number (include area code) ( 305 ) 667-1586	