

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90018 018 ****61.25

DOCUMENT # N34056

1. Entity Name

LAKE WINDWOOD CONDOMINIUM XIV
ASSOCIATION, INC.



Principal Place of Business

LAKE WINDWOOD CONDO 14
3191 LEEWOOD TERR OFC
BOCA RATON, FL 33431-6555 US

Mailing Address

LAKE WINDWOOD CONDO 14
3191 LEEWOOD TERR OFC
BOCA RATON, FL 33431-6555 US

40038033



02122008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
65-0164338

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EHRHARDT, WILLIAM
3171 LEEWOOD TERRACE
UNIT L-130
BOCA RATON, FL 33431

**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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EHRHARDT, WILLIAM
STREET ADDRESS	3171 LEEWOOD TERRACE L-130
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	STD
NAME	MURO, JOSE
STREET ADDRESS	3171 LEEWOOD TERR #L-234
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	BURENACKI, JANET
STREET ADDRESS	3101 LEEWOOD TERR, #L-237
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	PRISCILLA D'ARRIGO
STREET ADDRESS	3171 LEEWOOD TERR #L-230
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/2008 561 926-8794
Date Daytime Phone #