

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000004512 (8)

1. Corporation Name

LAKERIDGE GREENS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7777 GLADES ROAD  
SUITE 410  
BOCA RATON FL 33434

7777 GLADES ROAD  
SUITE 410  
BOCA RATON FL 33434

3. Date Incorporated or Qualified

09/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0607695

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

25

Country

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEST, ALFRED G  
7777 GLADES ROAD  
SUITE 410  
BOCA RATON FL 33434

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME SLEEK, HARRY T  
STREET ADDRESS 7777 GLADES ROAD, SUITE 410  
CITY-ST-ZIP BOCA RATON FL 33434

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VSD ☐ DELETE  
NAME WEST, ALFRED G  
STREET ADDRESS 7777 GLADES ROAD, SUITE 410  
CITY-ST-ZIP BOCA RATON FL 33434

15 TITLE ☐ Change ☐ Addition  
16 NAME  
17 STREET ADDRESS  
18 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PTD ☐ DELETE  
NAME ETINGER, DAVID  
STREET ADDRESS 7777 GLADES ROAD, SUITE 410  
CITY-ST-ZIP BOCA RATON FL 33434

19 TITLE ☐ Change ☐ Addition  
20 NAME  
21 STREET ADDRESS  
22 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

23 TITLE ☐ Change ☐ Addition  
24 NAME  
25 STREET ADDRESS  
26 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

27 TITLE ☐ Change ☐ Addition  
28 NAME  
29 STREET ADDRESS  
30 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify 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 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 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96

Daytime Phone #

CR2E037 (12/95)