

2000 UNIFORM BUSINESS REPORT (UBR)

6/27

FILED

Jul 21, 2000 8:00 am
Secretary of State

06-27-2000 90003 030 ****70.00

DOCUMENT # N95000004512

1. Entity Name

LAKERIDGE GREENS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

6824 Sun River Road
Boynton Beach, FL 33437
US

Mailing Address

6824 Sun River Road
Boynton Beach, FL 33437
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0607695

Applied For

Not Applicable

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

William K. Isaacson
Lang Management Company, Inc.
5295 Town Center Road, Suite 200
Boca Raton, FL 33434

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.

SIGNATURE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	Hochheiser, Barry	
STREET ADDRESS	6710 Sun River Rd.	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	Kimmet, Harold	
STREET ADDRESS	6521 Kings Creek Terrace	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	Saust, Lois	
STREET ADDRESS	6562 Kings Creek Terrace	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	Dicarlo, Anthony	
STREET ADDRESS	6873 Sun River Road	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Schnell, Richard	
STREET ADDRESS	6832 Sun River Road	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	Freeman, Lewis	
STREET ADDRESS	12247 Eagle Landings Way	
CITY-ST-ZIP	Boynton Beach, FL 33437	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ashkenas, Leon	
STREET ADDRESS	6917 Grenelefe Road	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weinick, Seymour	
STREET ADDRESS	6564 Bayhill Terrace	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Goldsmith, Carl	
STREET ADDRESS	6776 Sun River Road	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Goldstein, Bertram	
STREET ADDRESS	6550 Kings Creek Terrace	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Geller, Marvin	
STREET ADDRESS	6888 Sun River Road	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rottenberg, Alan	
STREET ADDRESS	6916 Grenelefe Road	
CITY-ST-ZIP	Boynton Beach, FL 33437	

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 #

CR2E037 (9/98)