

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 22, 2001 8:00 am
Secretary of State

05-22-2001 90023 039 ****70.00

DOCUMENT # **N95000004512** ✓

1. Entity Name

LAKERIDGE GREENS HOMEOWNERS ASSOC.

Principal Place of Business

60 LANG MGMT CO. INC
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486

Mailing Address

60 LANG MGMT CO. INC
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486

769762

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

650607695

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ISAACSON, WILLIAM K.
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486

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

05-01-01

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	LEON ASHKENAS	
STREET ADDRESS	6917 GRENELEFE RD.	
CITY-ST-ZIP	BOYNTON BCH, FL 33437	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	ALAN ROTTENBERG	
STREET ADDRESS	6916 GRENELEFE RD.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	LESLIE ALPERIN	
STREET ADDRESS	12216 CONGRESSIONAL AVE	
CITY-ST-ZIP	BOYNTON BCH, FL 33437	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	IRVING FOX	
STREET ADDRESS	6872 SUN RIVER RD.	
CITY-ST-ZIP	BOYNTON BCH, FL 33437	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	SEYMOUR WEINICK	
STREET ADDRESS	6564 BAYHILL TERR	
CITY-ST-ZIP	BOYNTON BCH, FL 33437	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	HAROLD ORLUCK	
STREET ADDRESS	12269 CALLAWAY GARDENS	
CITY-ST-ZIP	BOYNTON BCH, FL 33437	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYLVIA REIBERMAN	
STREET ADDRESS	6757 SUN RIVER RD	
CITY-ST-ZIP	BOYNTON BCH, FL 33437	
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		
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:

Leon Ashkenas - President **5-2-01** **(561-731-3555)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)