


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90050 008 ****70.00

DOCUMENT # N95000004512	
1. Entity Name LAKERIDGE GREENS HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business C/O LANG MANAGEMENT COMPANY INC 21045 COMMERCIAL TRAIL BOCA RATON FL 33486 US	Mailing Address C/O LANG MANAGEMENT COMPANY INC 21045 COMMERCIAL TRAIL BOCA RATON FL 33486 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E037 (11/03)

4. FEI Number 65-0607695	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLIAM K. ISAACSON 21045 COMMERCIAL TRAIL BOCA RATON FL 33486
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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
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME CANELL, ALAN	
STREET ADDRESS 6602 SUN RIVER	
CITY-ST-ZIP BOYNTON BEACH FL 33437	
TITLE VPD	<input type="checkbox"/> Delete
NAME LEVINE, HERB	
STREET ADDRESS 12160 CASTLE PINES	
CITY-ST-ZIP BOYNTON BEACH FL 33437	
TITLE TD	<input type="checkbox"/> Delete
NAME FOX, IRVING	
STREET ADDRESS 6872 SUN RIVER ROAD	
CITY-ST-ZIP BOYNTON BEACH FL 33437	
TITLE SD	<input type="checkbox"/> Delete
NAME FOX, IRVING	
STREET ADDRESS 6872 SUN RIVER ROAD	
CITY-ST-ZIP BOYNTON BEACH FL 33437	
TITLE D	<input type="checkbox"/> Delete
NAME FRASER, CHARLOTTE	
STREET ADDRESS 6836 SUN RIVER ROAD	
CITY-ST-ZIP BOYNTON BEACH FL 33437	
TITLE D	<input type="checkbox"/> Delete
NAME AIN, TED	
STREET ADDRESS 6881 SUN RIVER ROAD	
CITY-ST-ZIP BOYNTON BEACH FL 33437	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Shaw, Al	
STREET ADDRESS 6785 Indianwood way	
CITY-ST-ZIP Boynton Beach, 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: <i>Alan W. Canell Pres.</i> - ALAN W. CANELL	3/2/04	561-735-3177
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>