2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 04, 2005 8:00 am Secretary of State DOCUMENT # N95000004512 1. Entity Name 05-04-2005 90130 034 ****70.00 LAKERIDGE GREENS HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address C/O LANG MANAGEMENT COMPANY INC C/O LANG MANAGEMENT COMPANY INC 21045 COMMERCIAL TRAIL 1045 COMMERCIAL TRAIL **BOCA RATON FL 33486 BOCA RATON FL 33486** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FÉI Number Applied For 65-0607695 Not Applicable Zip Country Żip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAM K. ISAACSON Street Address (P.O. Box Number is Not Acceptable) 21045 COMMERCIAL TRAIL **BOCA RATON FL 33486** 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD ЬD TITLE Delete TITLE Change Addition Pravda, Lenny CANELL, ALAN NAME 12260 Prairie Dunes Rd. 6602 SUN RIVER STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33437** Boynton Beach, FI 33437 CITY-ST-7IP CITY-ST-7(P VPD Delete VP D TITLE TITLE **E**hange Addition LEVINE, HERB Prin, Ted 6881 Sun River Road NAME NAME 12160 CASTLE PINES STREET ADORESS STREET ADDRESS **BOYNTON BEACH FL 33437** CITY-ST-ZIP CITY-ST-ZIP Boynton Beach, Fl TITLE TITLE **Delete E**thange Addition Frager, Charlotte FOX. IRVING NAME STREET ADDRESS 6872 SUN RIVER ROAD STREET ADDRESS **BOYNTON BEACH FL 33437** Boynton Beach, Fl 33437 CITY-ST-7IP CITY-S1-ZIP TITLE Delete TITLE **C**hange Addition FOX, IRVING raneil, Alan NAME NAME 4602 Sun River Road 6872 SUN RIVER ROAD STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33437** CITY-ST-ZIP CITY-ST-ZIP Boynton Beach, Fl 33437 TITLE Addition - 🖵 Delete TITLE ☐ Change FRASER, CHARLOTTE Farber, Larry NAME NAME 6529 Sun River Road 6836 SUN RIVER ROAD STREET ADDRESS STREET ADDRESS BOYNTON BEACH FL 33437 Boynton Beach, F1 33437 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change **√**TiAddition ASN, TED Knobier, william NAME 6881 SUN RIVER ROAD 6893 Sun River Road STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33437** CITY-ST-ZIP CITY-ST-ZIP Boynton Beach, F1 33437

FILED

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:

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Daytime Phone #