

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90033 019 ****61.25

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**

2. Principal Place of Business - No P.O. Box #
**90 Prime Management
Suite, Apt. #, etc.
6300 Park of Commerce Blvd**

3. Mailing Address
**90 Prime Management
Suite, Apt. #, etc.
6300 Park of Commerce Blvd**

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip
33487

Country
US

Zip
33487

Country
US



04012008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

Name
Sachs E Sax

Street Address (P.O. Box Number is Not Acceptable)
301 Yamato Road Ste 4150

City
Atn. Louis Caplan

City
Boca Raton, FL

Zip Code
33431

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 **Sachs E Sax** DATE **4/3/08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S NATHAN, RALPH 12252 EAGLE LANDING WAY BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Jack Bornstein 6629 Sun River Rd Boynton Beach, FL 33437 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STUART, DARREN Doreen 6922 GREENLEBE RD BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Stan Herr 12193 Congressional Ave Boynton Beach, FL 33437 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FARBER, LARRY 6529 SUN RIVER RD BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KNOBLER, WILLIAM 6883 SUN RIVER RD BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PRAVDA, LENNY 12260 PRAIRIE DUNES RD BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FRASER, CHARLOTTE 6836 SUN RIVER RD BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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]** DATE: **4/3/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR