

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000020613 (4)

1. Corporation Name

LAKERIDGE ESTATES AT WESTCHESTER, INC.

Principal Place of Business

6191 HOOK LANE
BOYNTON BEACH FL 33437
US

Mailing Address

6191 HOOK LANE
BOYNTON BEACH FL 33437
US

APPROVED
AND
FILED

5 JUL 17 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001538988

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/19/1993

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0406833

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WURTENBERGER, KENNETH P
2875 SOUTH UNIVERSITY DRIVE
DAVIE FL 33328

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
DOBBIN, MITCHELL
6304 VIA PALLADIUM
BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DST
ETTINGER, DAVID
5651 WIND DRIFT LANE
BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this (corporate) report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change is shown in attachment with an address.

SIGNATURE:

Mitchell Dobbin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-95

Date

407-738-7790

Daytime Phone #

CR2E034 (3/95)

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

800-342-8086

PA3-20613



ACCOUNT NO. : 072100000032

REFERENCE : 642769 115151A

AUTHORIZATION :

Patricia P. Pitt

COST LIMIT : \$ 233.75

ORDER DATE : July 17, 1995

ORDER TIME : 11:29 AM

ORDER NO. : 642769

CUSTOMER NO: 115151A

CUSTOMER: Kenneth P. Wurtenberger, Esq
Kenneth P. Wurtenberger, P.a.
2875 S. University Drive

Davie, FL 33328

RECEIVED
JUL 17 1995
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: LAKERIDGE ESTATES AT
WESTCHESTER, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
X PLAIN STAMPED COPY
X CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Gail L. Shelby

EXAMINER'S INITIALS: _____