

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000049197 (3)

1. Corporation Name

LAKE WYMAN ESTATES ASSOCIATES, INC.

Principal Place of Business

7040 W. PALMETTO PARK ROAD
SUITE 2-150
BOCA RATON FL 33433

Mailing Address

7040 W. PALMETTO PARK ROAD
SUITE 2-150
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1995

4. FEI Number

65-0593583

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 153 S.E. First Ave

Suite, Apt. #, etc.

2a. Mailing Address

26 153 S.E. First Ave.

Suite, Apt. #, etc.

23 City & State

Boca Raton, FL

Zip

24 33432

Country

27 City & State

28 Boca Raton, FL

Zip

29 33432

Country

9. Name and Address of Current Registered Agent

LEVINE, JEFFREY ESQ.
900 NORTH FEDERAL HIGHWAY
SUITE 380
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

Levine Jeffrey Esq.

82 Street Address (R.D. Box Number is Not Acceptable)

4000 North Federal Hwy

83

Suite 201

84

Boca Raton

FL

85

Zip Code

33431

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

Jeffrey Levine Esquire

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/98

12. OFFICERS AND DIRECTORS

TITLE D
NAME NORMAN, JEFFREY H
STREET ADDRESS 832 SW 10 AVENUE
CITY-ST-ZIP BOCA RATON FL 33486

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Norman, Jeffrey H.
1.3 STREET ADDRESS 1011 Del Harbour Drive
1.4 CITY-ST-ZIP Delray Beach, FL 33483

☒ 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 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 annual 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 changed, or on an attachment with an address.

SIGNATURE:

Jeffrey H. Norman

1/27/98 (561) 391-1747

CR2E034 (10/97)