

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Gonzalo B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 491734 (0)

95 JAN 13 AM 9:54

1. Corporation Name
LAKE GARDENS CORPORATION

Principal Place of Business

Mailing Address

**81 LAKE GARDENS DRIVE
STATE ROAD 621 EAST
LAKE PLACID FL 33852**

**81 LAKE GARDENS DRIVE
STATE ROAD 621 EAST
LAKE PLACID FL 33852**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified

12/01/1975

3a. Date of Last Report

04/11/1994

4. FEI Number

59-1639345

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**DAVIS, HAYWARD H.
107 INTERLAKE BLVD.
LAKE PLACID FL 33852**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 title if applicable)

(DATE Registered Agent signature required when re-registered)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **FEASTER, PEARL**
STREET ADDRESS **5 LAKE GARDEN DR**
CITY ST ZIP **LAKE PLACID FL**

11 TITLE Change Addition
12 NAME **RANDALL, HAROLD**
13 STREET ADDRESS **28 Lake Garden Drive.**
14 CITY ST ZIP **Lake Placid FL**

TITLE **VD**
NAME **RICHARDSON, ANONA**
STREET ADDRESS **25 LAKE GARDEN**
CITY ST ZIP **LAKE PLACID FL**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

TITLE **STD**
NAME **FINNEMEYER, SHIRLEY**
STREET ADDRESS **22 LAKE GARDEN DR.**
CITY ST ZIP **LAKE PLACID FL**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE **D**
NAME **REYNOLDS, COY**
STREET ADDRESS **% LAKE GARDENS DRIVE**
CITY ST ZIP **LAKE PLACID FL**

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE **D**
NAME **FLETCHER, KENNETH P.**
STREET ADDRESS **23 LAKE GARDEN DRIVE**
CITY ST ZIP **LAKE PLACID FL**

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE **D**
NAME **PHILLIPS, VIRGINIA**
STREET ADDRESS **51 LAKE GARDEN DRIVE**
CITY ST ZIP **LAKE PLACID FL**

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

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 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:

Shirley Finne Meyer
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

SECRETARY/TREAS.

1/9/95

(Date)

(Signature/Print Name)