

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

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**Mar 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 491734 (0)

1. Corporation Name
LAKE GARDENS CORPORATION



Principal Place of Business 81 LAKE GARDENS DRIVE STATE ROAD 621 EAST LAKE PLACID FL 33852	Mailing Address 81 LAKE GARDENS DRIVE STATE ROAD 621 EAST LAKE PLACID FL 33852-9100
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3. Date Incorporated or Qualified 12/01/1975	3a. Date of Last Report 02/27/1996
4. FEI Number 59-1639345	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent DAVIS, HAYWARD H. 107 INTERLAKE BLVD. LAKE PLACID FL 33852	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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: **Anona Richardson, President** DATE: **2-24-97**

12. OFFICERS AND DIRECTORS	
TITLE: D <input type="checkbox"/> DELETE	NAME: RANDALL, HAROLD
STREET ADDRESS: 28 LAKE GARDEN DRIVE	CITY-ST-ZIP: LAKE PLACID FL
TITLE: P <input type="checkbox"/> DELETE	NAME: RICHARDSON, ANONA
STREET ADDRESS: 25 LAKE GARDEN	CITY-ST-ZIP: LAKE PLACID FL
TITLE: T <input checked="" type="checkbox"/> DELETE	NAME: FINNEMEYER, SHIRLEY
STREET ADDRESS: 22 LAKE GARDEN DR.	CITY-ST-ZIP: LAKE PLACID FL
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: REYNOLDS, COY
STREET ADDRESS: % LAKE GARDENS DRIVE	CITY-ST-ZIP: LAKE PLACID FL
TITLE: D <input type="checkbox"/> DELETE	NAME: FLETCHER, KENNETH P.
STREET ADDRESS: 23 LAKE GARDEN DRIVE	CITY-ST-ZIP: LAKE PLACID FL
TITLE: VP <input checked="" type="checkbox"/> DELETE	NAME: PHILLIPS, VIRGINIA
STREET ADDRESS: 51 LAKE GARDEN DRIVE	CITY-ST-ZIP: LAKE PLACID FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: V/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME: John Weed
1.3 STREET ADDRESS: 26 Lake Gardens Drive	1.4 CITY-ST-ZIP: Lake Placid, FL 33852
2.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME: Tom Donaldson
2.3 STREET ADDRESS: 42 Lake Gardens Drive	2.4 CITY-ST-ZIP: Lake Placid, FL 33852
3.1 TITLE: S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME: Ray Rittman
3.3 STREET ADDRESS: 21 Lake Gardens Drive	3.4 CITY-ST-ZIP: Lake Placid, FL 33852
4.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.2 NAME: Patricia J. Goins
4.3 STREET ADDRESS: 35 Lake Gardens Drive	4.4 CITY-ST-ZIP: Lake Placid, FL 33852
5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME:
5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME:
6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

14. I do 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: **Anona Richardson, President** DATE: **2-24-97** 1-941-465-1427

CR2E034 (9/96)