

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90161 004 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 491734**  
 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
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DO NOT WRITE IN THIS SPACE

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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3. Date Incorporated or Qualified <b>12/01/1975</b>	4. FEI Number <b>59-1639345</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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 **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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>T</b>	
NAME	<b>RITTMAN, RAY</b>	
STREET ADDRESS	<b>21 LAKE GARDENS DR</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL 33852</b>	
TITLE	<b>VP</b>	
NAME	<b>FONEAL, ISAACS</b>	
STREET ADDRESS	<b>80 LAKE GARDENS DR</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL 33852</b>	
TITLE	<b>D</b>	
NAME	<b>WEAVER, BUCKLEY</b>	
STREET ADDRESS	<b>48 LAKE GARDENS DR</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL 33852</b>	
TITLE	<b>D</b>	
NAME	<b>FLETCHER, KENNETH P.</b>	
STREET ADDRESS	<b>23 LAKE GARDEN DRIVE</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL</b>	
TITLE	<b>S</b>	
NAME	<b>GOINS, PATRICIA</b>	
STREET ADDRESS	<b>35 LAKE GARDENS DR</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	<b>Pres,</b>		
1.2 NAME	<b>Anona Richardson</b>		
1.3 STREET ADDRESS	<b>25 Lake Gardens Dr.</b>		
1.4 CITY-ST-ZIP	<b>Lake Placid, FL 33852</b>		
2.1 TITLE	<b>D Harold Randall</b>		
2.2 NAME	<b>28 Lake Gardens Dr.</b>		
2.3 STREET ADDRESS	<b>Lake Placid, FL 33852</b>		
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: *Anona Richardson Pres.* *Anona Richardson* 4/22/99 941-465-6429  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)