PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 491734 1. Corporation Name

LAKE GARDENS CORPORATION

Principal Place of Business

Mailing Address

81 LAKE GARDENS DRIVE

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

04-26-1999 90161 004 ***150.00



STATE ROAD 621 EAST LAKE PLACID FL 33852	STATE ROAD 621 EAST LAKE PLACID FL 33852			DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified 12/01/1975	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
n l	26			59-1639345	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		· -	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Cour try	Zip	Count	у	8. This corporation owes the current year in	tangible
25	29	30		Persor al Property Tax.	☐ Yes ☐ No
9. Name and Address of Curren	Registered Agent			10. Name and Address of New Registered	Agent
		8	1 Name		
davis, hayward h. 107 interlake blvd.		8	2 Street Ad	dress (P.O. Box Number is Not Acceptable)	
LAKE PLACID FL 33852		8	3		
		8	4 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.050.	2 and 607.1508, Florida Statu	ites, the abo	ve-named co	rporation submits this statement for the purpose of	f changing its registered

NAME RITTMAN, RAY STREET ADDRE:S CITY-ST-ZIP LAKE GARDENS DR LAKE PLACID FL 33852 TITLE VP DELETE CITY-ST-ZIP LAKE GARDENS DR LAKE PLACID FL 33852 TITLE D DELETE D DELETE D DELETE 31 TITLE 32 NAME 32 NAME 33 STREET ADDRESS	agent. am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
13. ADDITICNS/CHANGES TO OFFICERS NID DIRECTOF S IN 12	SIGNATURE Standard or constant as an of registered agent and title if applicable (NOT): Registered Agent signature required when reinstating) DATE											
RITTMAN, RAY STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852 TITLE VP DELETE VP DELETE VITTLE VP DELETE VRAME STREET ADDRESS SO LAKE PLACID FL 33852 TITLE D DELETE SITTLE S SIRRET ADDRESS SIRRET ADD						FICERS AND DIRECTOR	S IN 12					
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CITY-ST-ZIP	STREET ADDRESS	21 LAKE GARDENS DR		13 STREET ADDRESS			ĺ					
TITLE VP DELETE 2.1TITLE 3.1TITLE 3.1TI	CITY-ST-ZIP	LAKE PLACID FL 33852		14 CITY-ST-ZIP								
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STREET ADDRESS 48 LAKE GARDENS DR	TITLE	D	☐ DELETE	3.1 TITLE		☐ Change	Addition					
CITY-ST-ZIP	NAME	WEAVER, BUCKLEY		32 NAME								
TITLE D DELETE 41 TITLE	STREET ADDRESS	48 LAKE GARDENS DR		3.3 STREET ADDRESS								
NAME FLETCHER, KENNETH P. STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL SOUNS, PATRICIA STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL SOUNS, PATRICIA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL SAME	CITY-ST-ZIP	LAKE PLACID FL 33852		3.4 CITY-ST-ZIP								
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	STREET ADDRESS			63 STREET ADDRESS								
64 CITY-ST-ZIP 14. L bereity codify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes. I further or trify that the information				<u> </u>			<u> </u>					

Indicated on this annual report or supplied with an implication of the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information dicated on this annual report or supplemental a nual 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 of 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.