

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90056 031 ***150.00

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1. Entity 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**

40001699



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1639345 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NIELANDER, WILLIAM
 116 E. INTERLAKE BLVD.
 LAKE PLACID, FL 33852**

**DO NOT WRITE
 IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	MARGETTS, PHILLIP
STREET ADDRESS	101 5TH STREET
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	VP
NAME	KELLEY, ROBERT
STREET ADDRESS	3 LAKE GARDENS DR.
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	S
NAME	GOINS, PATRICIA
STREET ADDRESS	35 LAKE GARDENS DR
CITY-ST-ZIP	LAKE PLACID, FL
TITLE	P
NAME	RICHARDSON, ANONA
STREET ADDRESS	25 LAKE GARDENS DR.
CITY-ST-ZIP	LAKE PLACID, FL 33852

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ray Rittman Treas 2-4-07 863-699-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #