


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90032 025 ***150.00

DOCUMENT # 491734					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1639345	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NIELANDER, WILLIAM 116 E. INTERLAKE BLVD. LAKE PLACID, FL 33852			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		FL
Zip Code			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDINAL, TONY		NAME		
STREET ADDRESS	76 LAKE GARDENS DR.		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONEAL, ISAACS		NAME		
STREET ADDRESS	80 LAKE GARDENS DR		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITTMAN, RAY		NAME		
STREET ADDRESS	21 LAKE GARDENS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOINS, PATRICIA		NAME		
STREET ADDRESS	35 LAKE GARDENS DR		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID, FL		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, ANONA		NAME		
STREET ADDRESS	25 LAKE GARDENS DR.		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Weaver, Bentley	
STREET ADDRESS			STREET ADDRESS	48 Lake Gardens Drive	
CITY-ST-ZIP			CITY-ST-ZIP	LAKE PLACID, FL 33852	
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: <i>Ray Rittman</i>		Date: 2-18-08		Daytime Phone #: 863-699-1232	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					