

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **710495** (3)

1. Corporation Name

LAKE PARK GARDENS #2 INC., A CONDOMINIUM



Principal Place of Business

Mailing Address

P.O. BOX 189013
PLANTATION FL 33318
US

P.O. BOX 189013
PLANTATION FL 33318
US

3. Date Incorporated or Qualified **03/09/1966** 3a. Date of Last Report **08/14/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For				
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1147872	Not Applicable				
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required				
						<input type="checkbox"/> \$5.00 May Be Added to Fees				
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>				
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~JOYNER, CAMILLE O.~~
~~4751 N. W. 10TH CT.~~
~~PLANTATION FL 33318~~

81 Name **Summit Prop. Mgmt.**
82 Street Address (P.O. Box Number is Not Acceptable) **6289 W. Sunrise Blvd.**
83 **#202**
84 City **Sunrise** FL 85 **33313**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

[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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	N/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLISLE, LINDA	1.2 NAME	
STREET ADDRESS	4751 N W 10TH CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARABEK, JOAN	2.2 NAME	
STREET ADDRESS	4751 N W 10TH CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	N/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHN, GARY	3.2 NAME	
STREET ADDRESS	4751 NW 10 CT #212	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	R/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATHAS, ALEC	4.2 NAME	Robin Nuzzi
STREET ADDRESS	4751 N.W. 10TH CT.	4.3 STREET ADDRESS	4751 NW 10 Ct., #208
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	Plantation, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	R/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOYNER, CAMILLE	5.2 NAME	Wendy Gilbertson
STREET ADDRESS	4751 N W 10TH CT	5.3 STREET ADDRESS	4751 NW 10 Ct., #102
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP	Plantation, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GODFREED, ED	6.2 NAME	Dorothy Green
STREET ADDRESS	4751 NW 10 CT #210	6.3 STREET ADDRESS	4751 NW 10 Ct.
CITY-ST-ZIP	PLANTATION FL	6.4 CITY-ST-ZIP	Plantation, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

4/8/96

Date

(850) 583-1960
(Home)

Daytime Phone

CR2E037 (12/95)