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Feb 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33318-9013
US

3. Date Incorporated or Qualified
03/09/1966

3a. Date of Last Report
04/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-1147872

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUMMIT PROP MGMT
6289 W SUNRISE BLVD.
202
SUNRISE FL 33313

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Suite C-100

84 City
Plantation, FL

FL

85 Zip Code
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

Gail H. Sangunett

Gail H. Sangunett, V.P. - Administration

2/7/97

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	TD	<input type="checkbox"/> DELETE
NAME	CARLISLE, LINDA	
STREET ADDRESS	4751 N W 10TH CT	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JARABEK, JOAN	
STREET ADDRESS	4751 N W 10TH CT	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KAHN, GARY	
STREET ADDRESS	4751 NW 10 CT #212	
CITY-ST-ZIP	PLANTATION FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NUZZI, ROBIN	
STREET ADDRESS	4751 NW 10 XT 208	
CITY-ST-ZIP	PLANTATION FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GILBERTSON, WENDY	
STREET ADDRESS	4751 NW 10 CT., #102	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREEN, DOROTHY	
STREET ADDRESS	4751 NW 10 CT	
CITY-ST-ZIP	PLANTATION FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Gary Kahn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/97 (954) 792-6000
Date Daytime Phone # 0036751

CR2E037 (9/96)