

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State
 01-30-2001 90164 045 ****61.25

DOCUMENT # 710495
 1. Entity Name
LAKE PARK GARDENS #2 INC., A CONDOMINIUM

Principal Place of Business 4751 NW 10TH COURT PLANTATION FL 33313 US	Mailing Address 4751 NW 10TH COURT PLANTATION FL 33313 US
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2. Principal Place of Business <i>Same</i> Suite, Apt. #, etc.	3. Mailing Address <i>Same</i> Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number **59-1147872** Applied For Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
KAHN, GARY D.
4751 NW 10TH COURT
PLANTATION FL 33313

7. Name and Address of New Registered Agent
 Name *Same*
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE *Gary D. Kahn* *Gary D. Kahn Pres.* *1/21/01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME TD NUZZI, ROBIN STREET ADDRESS 4751 NW 10TH CT 208 CITY-ST-ZIP PLANTATION FL 33313	<input type="checkbox"/> Delete
TITLE NAME D NUZZI, TONY STREET ADDRESS 4751 NW 10TH CT 208 CITY-ST-ZIP PLANTATION FL 33313	<input type="checkbox"/> Delete
TITLE NAME D KAHN, EDUA STREET ADDRESS 4751 NW 10TH CT 212 CITY-ST-ZIP PLANTATION FL 33313	<input type="checkbox"/> Delete
TITLE NAME PD KAHN, GARY STREET ADDRESS 4751 NW 10TH CT 212 CITY-ST-ZIP PLANTATION FL 33313	<input type="checkbox"/> Delete
TITLE NAME D GREEN, DOROTHY STREET ADDRESS 4751 NW 10 CT CITY-ST-ZIP PLANTATION FL	<input type="checkbox"/> Delete
TITLE NAME VD REEVES, DANIEL STREET ADDRESS 4751 NW 10TH CT 104 CITY-ST-ZIP PLANTATION FL 33313	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME SD Connie Benington STREET ADDRESS 4751 N.W. 10TH CT CITY-ST-ZIP PLANTATION FL 33313	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: *SIGNATURE REQUIRED* *1/10/01* *(954) 735-4466*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)