

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-10-2002 90438 038 ****61.25

DOCUMENT # 710495

1. Entity Name

LAKE PARK GARDENS #2 INC., A CONDOMINIUM

Principal Place of Business

Mailing Address

4751 NW 10TH COURT
 PLANTATION FL 33313
 US

C/O CREST PROPERTY MANAGEMENT, INC.
 P.O. BOX 452347
 SUNRISE FL 33345

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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 **CREST Property Mgmt**

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

4700 Hiatus Road #156

City **Sunrise**

FL

Zip Code

33345

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 *Donald R Castagna Agent*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Connie Benington	
STREET ADDRESS	4751 NW 10th Ct 202	
CITY-ST-ZIP	Plantation FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/I/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL REEVES	
STREET ADDRESS		
CITY-ST-ZIP		

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: *Connie Benington*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/02/02** Office Phone #

CR2E037 (9/01)