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Mar 27 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 # 711173 (5)
1. Corporation Name
LAKE PARK GARDENS #3, INC.,



Principal Place of Business Mailing Address
ASSOCIATION) 4771 N W TENTH COURT 108 PLANTATION FL 33313
ASSOCIATION) 4771 N W TENTH COURT 108 PLANTATION FL 33313-6548

3. Date Incorporated or Qualified 07/12/1966 3a. Date of Last Report 03/20/1996
4. FEI Number 59-1147870 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

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

9. Name and Address of Current Registered Agent
BRIN, JOHN J.
4771 NW 10TH COURT
#312
PLANTATION FL 33313

10. Name and Address of New Registered Agent
81 Name ROBERT C. VORUS
82 Street Address (P.O. Box Number is Not Acceptable) 4771 N.W. 10th Ct # 112
83 PLANTATION
84 City 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: ROBERT VORUS Robert Vorus PRES. 3-5-97

12. OFFICERS AND DIRECTORS

TITLE	SDT	<input type="checkbox"/> DELETE
NAME	MALER, CAROL	
STREET ADDRESS	4771 NW 10TH COURT	
CITY - ST - ZIP	PLANTATION FL	S/A SECTY. apt. 305
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LYNCH, DOROTHY	
STREET ADDRESS	4771 NW 10TH CT #214	
CITY - ST - ZIP	PLANTATION FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	VORUS, ROBERT	PRESIDENT
STREET ADDRESS	4771 NW 10TH CT	(112) S/A apt. 112
CITY - ST - ZIP	PLANTATION FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BRIN, JOHN J	
STREET ADDRESS	4771 NW 10TH CT #312	
CITY - ST - ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAMAN, ROSE	
STREET ADDRESS	4771 NW 10TH CT	S/A apt. 218
CITY - ST - ZIP	PLANTATION FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PALMER HARVEY	
STREET ADDRESS	4771 NW 10TH CT	
CITY - ST - ZIP	PLANTATION FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VIP	JANICE RAE BURKE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		Same ADDRESS	APT # 208
1.3 STREET ADDRESS		Vice President	
1.4 CITY - ST - ZIP			
2.1 TITLE		ALICE GEARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		S/A - APT. 204	D.
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		JAMES PALMER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		S/A - APT # 318	D.
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		JOHN COONEY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		S/A	APT # 306 D.
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)(i), 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: Robert C. Vorus 3-5-97 581-2488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034839

CR2E037 (9/96)