

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 ASSOCIATION) 4771 N W TENTH COURT #202 PLANTATION FL 33313 | Mailing Address ASSOCIATION) 4771 N W TENTH COURT #202 PLANTATION FL 33313 |
|--|--|

3. Date Incorporated or Qualified
07/12/1966

4. FEI Number
59-1147870

| | |
|----------------|--|
| Applied For | |
| Not Applicable | |

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| | Zip 29 |
| | Country 30 |

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

~~VORUG, ROBERT G~~
4771 NW 10TH COURT
~~442~~
PLANTATION FL 33313

10. Name and Address of New Registered Agent

| | |
|---|-----------------------------|
| 81 Name | HARVEY PALMER |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 4771 N.W. 10TH COURT |
| 83 | # 202 |
| 84 City | PLANTATION 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 *Harvey Palmer* DATE **3/14/98**

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

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| TITLE | SOT | <input type="checkbox"/> DELETE |
| NAME | MALER, CAROL | |
| STREET ADDRESS | 4771 NW 10TH COURT | |
| CITY-ST-ZIP | PLANTATION FL | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | BURKE, JANET RAE | |
| STREET ADDRESS | 4771 NW 10 CT, 214 | |
| CITY-ST-ZIP | PLANTATION FL | |
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | VORUG, ROBERT G | |
| STREET ADDRESS | 4771 NW 10TH CT #442 | |
| CITY-ST-ZIP | PLANTATION FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GEARY, ALICE | |
| STREET ADDRESS | 4771 NW 10 CT, 204 | |
| CITY-ST-ZIP | PLANTATION FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LAMAN, ROSE | |
| STREET ADDRESS | 4771 NW 10TH CT | |
| CITY-ST-ZIP | PLANTATION FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | COONEY, JOHN | |
| STREET ADDRESS | 4771 NW 10 CT, 306 | |
| CITY-ST-ZIP | PLANTATION FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | DIRECTOR |
| 2.3 STREET ADDRESS | LOUISE LEAURE |
| 2.4 CITY-ST-ZIP | 4771 NW 10TH CT #106 |
| | PLANTATION FL. 33313 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | PRESIDENT |
| 3.3 STREET ADDRESS | HARVEY PALMER |
| 3.4 CITY-ST-ZIP | 4771 N.W. 10TH COURT #202 |
| | PLANTATION FL. 33313 |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | VICE PRES. / DIR. |
| 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 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: *Harvey Palmer* DATE: **3/14/98**

CFR2037 (10/97)