


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90249 005 \*\*\*\*61.25

UB37-353

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 711173**

1. Corporation Name  
**LAKE PARK GARDENS #3. INC.,**

Principal Place of Business ASSOCIATION) 4771 NW 10TH COURT PLANTATION FL 33313 US	Mailing Address ASSOCIATION) 4771 NW 10TH COURT PLANTATION FL 33313 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/12/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1147870
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PALMER, HARVEY 4771 NW 10TH COURT #202 PLANTATION FL 33313		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
		85 Zip Code	

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 HARVEY PALMER 3-5-99  
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	SDT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALER, CAROL	1.2 NAME	
STREET ADDRESS	4771 NW 10TH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMYRE, LOUISE	2.2 NAME	
STREET ADDRESS	4771 NW 10TH CT #106	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33313	2.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALMER, HARVEY	3.2 NAME	P JOHN BRIN
STREET ADDRESS	4771 NW 10TH CT #202	3.3 STREET ADDRESS	4771 N.W. 10TH CT. #312
CITY-ST-ZIP	PLANTATION FL 33313	3.4 CITY-ST-ZIP	PLANTATION, FL. 33313
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEARY, ALICE	4.2 NAME	VP
STREET ADDRESS	4771 NW 10 CT, 204	4.3 STREET ADDRESS	SAME
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>LAMAN, ROSE</del>	5.2 NAME	D HARVEY PALMER
STREET ADDRESS	<del>4771 NW 10TH CT</del>	5.3 STREET ADDRESS	4771 NW 10 CT #202
CITY-ST-ZIP	<del>PLANTATION FL</del>	5.4 CITY-ST-ZIP	PLANTATION FL 33313
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COONEY, JOHN	6.2 NAME	
STREET ADDRESS	4771 NW 10 CT, 306	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	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, with all other like empowered.

SIGNATURE: John Brin **SIGNATURE REQUIRED** 3/5/99 (954) 795-8632  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)