

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711173

1. Entity Name

LAKE PARK GARDENS #3. INC.,

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90004 020 ****61.25

Principal Place of Business ASSOCIATION) 4771 NW 10TH COURT PLANTATION FL 33313 US	Mailing Address ASSOCIATION) 4771 NW 10TH COURT PLANTATION FLA 33313-6583 US <i>Lake Park #3</i>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address <i>C10 Crest Property</i> Suite, Apt. #, etc. <i>PO Box 452347</i> City & State <i>Sunrise FL</i> Zip <i>33345</i> Country <i>Broward</i>
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4. FEI Number 59-1147870	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALMER, HARVEY
 4771 NW 10TH COURT
 #202
 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 Rd #156
 City *Sunrise* FL Zip Code *33351*

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 Custugno Agent* (NOTE: Registered Agent signature required when reinstating)
 DATE *2/14/2000*

**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 SDT	<input type="checkbox"/> Delete	NAME MALER, CAROL	STREET ADDRESS 4771 NW 10TH COURT CITY-ST-ZIP PLANTATION FL
TITLE D	<input checked="" type="checkbox"/> Delete	NAME LEMYRE, LOUISE	STREET ADDRESS 4771 NW 10TH CT #106 CITY-ST-ZIP PLANTATION FL 33313
TITLE P	<input checked="" type="checkbox"/> Delete	NAME BRIN, JOHN	STREET ADDRESS 4771 NW 10TH CT #312 CITY-ST-ZIP PLANTATION FL 33313
TITLE V	<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 PALMER, HARVEY	STREET ADDRESS 4771 NW 10 CT #202 CITY-ST-ZIP PLANTATION FL 33313
TITLE D	<input checked="" type="checkbox"/> Delete	NAME COONEY, JOHN	STREET ADDRESS 4771 NW 10 CT, 306 CITY-ST-ZIP PLANTATION FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME CAROL MALER	STREET ADDRESS 4771 NW 10th Ct CITY-ST-ZIP Plantation FL 33313
TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Alice Geary	STREET ADDRESS 4771 NW 10th Ct CITY-ST-ZIP Plantation FL 33313
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Harvey Palmer	STREET ADDRESS 4771 NW 10th Ct CITY-ST-ZIP Plantation FL 33313

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* (NOTE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
 DATE: *2/14/2000*
 DAYTIME PHONE #: *(954) 752-5482*

CR2E037 (9/99)