

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90005 018 \*\*\*\*61.25

**DOCUMENT # 711173**

1. Entity Name

LAKE PARK GARDENS #3. INC.,



Principal Place of Business

ASSOCIATION)  
4771 NW 10TH COURT  
PLANTATION FLA 33313  
US

Mailing Address

4771 NW 10TH COURT  
PLANTATION FLA FL 33313  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1147870

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TILLI, FRANK T.  
4771 N.W. 10TH CT., #210  
SUNRISE FL 33313

7. Name and Address of New Registered Agent

Name

JOHN J. BRIN

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

4771 N.W. 10TH COURT #112

City

PLANTATION,

FL

Zip Code

33313

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

JOHN J. BRIN

John Brin

2/11/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BURKE, JANICE	
STREET ADDRESS	4771 NW 10TH CT #208	
CITY-ST-ZIP	PLANTATION FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUNZON, WILLA DEAN	
STREET ADDRESS	4771 NW 10TH CT #106	
CITY-ST-ZIP	PLANTATION FL 33313	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WINTER, GEORGE	
STREET ADDRESS	4771 NW 10TH CT #314	
CITY-ST-ZIP	PLANTATION FL 33313	
TITLE	P	<input type="checkbox"/> Delete
NAME	TILLET, FRANK	
STREET ADDRESS	4771 NW 10 CT. C#210	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VORUS, ROBERT	
STREET ADDRESS	4771 NW 10 CT. C#112	
CITY-ST-ZIP	PLANTATION FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PALMER, JAMES	
STREET ADDRESS	4771 NW 10 CT. C#318	
CITY-ST-ZIP	PLANTATION FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIN, JOHN	
STREET ADDRESS	4771 N.W. 10 CT #112	
CITY-ST-ZIP	PLANTATION, FL. 33313	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" 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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, without other like empowered.

SIGNATURE:

John Brin

2/11/06

(954) 792-2605