



# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 711173</b> 1. Entity Name <b>LAKE PARK GARDENS #3, INC.,</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  <b>08 MAY 30 PM 1:09</b>	
Principal Place of Business <b>LAKE PARK GARDENS #3, INC.          4771 NW 10TH COURT          PLANTATION, FL 33313 US</b>				Mailing Address <b>LAKE PARK GARDENS #3, INC.          4771 NW 10TH COURT          PLANTATION, FL 33313 US</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>KATZMAN &amp; KORR          1501 NORTHWEST 49TH STREET          SECOND FLOOR          FORT LAUDERDALE, FL 33309</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>KEA, DENISE</b> <b>4771 N.W. 10TH CT. #212</b> <b>PLANTATION, FL 33313</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>MUNZON, WILLA DEAN</b> <b>4771 NW 10TH CT #106</b> <b>PLANTATION, FL 33313</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>Joseph O'Leary</b> <b>65 Cleveland Drive</b> <b>Croton on Hudson, NY 10520</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>WINTER, GEORGE</b> <b>4771 NW 10TH CT #314</b> <b>PLANTATION, FL 33313</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>TILLET, FRANK</b> <b>4771 NW 10 CT. C#210</b> <b>PLANTATION, FL</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>Tillet, Frank</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>300130671593</b> <b>06/03/08--01015--002 **61.25</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>13 6/2/08</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, with all other like empowered.							
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>Denise Kea</b> <b>5/5/08</b> <b>954-261-2514</b> <small>Date Daytime Phone #</small>			