


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90015 047 \*\*\*\*61.25

<b>DOCUMENT # 711194</b> 1. Entity Name <b>LAKE CLARKE GARDENS CONDOMINIUM, INC.</b>					
Principal Place of Business 2981 FLORIDA MANGO ROAD LAKE WORTH, FL 33461-6268			Mailing Address 2981 FLORIDA MANGO ROAD LAKE WORTH, FL 33461-6268		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02112004 Chg-NP CR2E037 (10/03) 4. FEI Number <b>59-1426780</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LEBAN, MOLLY</b> <b>2855 S GARDEN DR</b> <b>#211</b> <b>LAKE WORTH, FL 33461</b>			Name Street Address (P.O. Box Number is Not Acceptable) <b>2981 Florida Mango Road</b> City <b>Lake Worth</b> <b>FL</b> Zip Code <b>33461</b>		
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 <u>Molly Leban</u> <b>Molly Leban, President</b> <span style="float: right;">2/11/04</span> <small>Signature, typed or printed name of registered agent and the applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARD, KATHERINE J		NAME	JOHN MURPHY	
STREET ADDRESS	2724 NO. GARDEN #304		STREET ADDRESS	2640 S. GARDEN DR #306	
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	P	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEBAN, MOLLY		NAME	NEDENE CARLSON	
STREET ADDRESS	2855 S. GARDEN DR., #211		STREET ADDRESS	2615 S. GARDEN DR #106	
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL, WARREN I		NAME	WARREN PAUL	
STREET ADDRESS	2855 S. GORDON DR. #312		STREET ADDRESS	3855 S GARDEN DR #312	
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CADE, LEDFORD		NAME	JERONE LAPENNA	
STREET ADDRESS	2640 S GARDEN DR., #309		STREET ADDRESS	2640 S. GARDEN DR # 302	
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	ATD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TARKINSON, CHARLES G		NAME	MAUREEN LOCKYER	
STREET ADDRESS	2769 S. GARDEN DR. #311		STREET ADDRESS	2647 N GARDEN DR #302	
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERTTU, HEIKKI		NAME	CHARLES BADGLEY	
STREET ADDRESS	2616 N GARDEN DRIVE, #105		STREET ADDRESS	2812 S. GARDEN DR #311	
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP	LAKE WORTH, FL 33461	
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: <u>Molly Leban</u> <b>Molly Leban, President</b> <span style="float: right;">2/11/04 561-965-8487</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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Attachment  
PAGE 2

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City & State		City & State		02112004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number <b>59-1426780</b>	
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STREET ADDRESS	2724 NO. GARDEN #304		STREET ADDRESS	3647 N. GARDEN DR #308	
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP	LAKE WORTH, FL 33461	
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CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP		
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NAME	PERTTU, HEIKKI		NAME		
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<b>SIGNATURE:</b> <u>Molly Leban</u> Molly Leban, President <u>2/11/2004</u> <u>561-965-8487</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					