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**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 MAR 20 PM 2:09

CORPORATION  
 ANNUAL REPORT  
 1995



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Northam  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 754067 (7)  
 1. Corporation Name  
**LAKES GARDEN CONDOMINIUM ASSOCIATION, INC**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
10191 W SAMPLE RD SUITE 203 CORAL SPRINGS FL 33065 US		10191 W SAMPLE RD SUITE 203 CORAL SPRINGS FL 33065 US		09/04/1980	04/26/1994
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2168668	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27		<input type="checkbox"/>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CALDERAZZO, JAMES 10191 W. SAMPLE RD SUITE 203 CORAL SPRINGS FL 33065				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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGMAN, MARILYN	1.2 NAME	
STREET ADDRESS	1042 NW 99 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLUTZ, MARY LISA	2.2 NAME	
STREET ADDRESS	10241 NW 35TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, SCOTT RAYMOND JR	3.2 NAME	
STREET ADDRESS	10241 NW 35 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IADICCIO, JOE	4.2 NAME	
STREET ADDRESS	7821 NE 48TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	4.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANDON, FERNANDO	6.2 NAME	
STREET ADDRESS	800 E CYPRESS CREEK ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	6.4 CITY-ST-ZIP	
TITLE		8.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8.2 NAME	
STREET ADDRESS		8.3 STREET ADDRESS	
CITY-ST-ZIP		8.4 CITY-ST-ZIP	

D  
 Daniel - Holly Fox # D  
 10221 NW 35th St  
 Coral Springs, FL 33065

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of signing officer or director