

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90022 006 ****61.25

DOCUMENT # 754067

1. Entity Name

LAKES GARDEN CONDOMINIUM ASSOCIATION, INC



Principal Place of Business

10191 W SAMPLE RD
SUITE 203
CORAL SPRINGS FL 33065
US

Mailing Address

10191 W SAMPLE RD
SUITE 203
CORAL SPRINGS FL 33065
US

54018895



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2168668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVIN, CHERYL J P.A.
COURTYARD BUSINESS CENTER
4694 N.W. 103RD AVENUE
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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, 2004

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 PD ☒ Delete
NAME BIGNANI, MARILYN
STREET ADDRESS 1042 NW 99 AVE
CITY-ST-ZIP PLANTATION FL

TITLE ~~SPD~~ ☐ Delete
NAME KLUTZ, MARY LISA
STREET ADDRESS 10241 NW 35TH STREET
CITY-ST-ZIP CORAL SPRINGS FL

TITLE TD ☐ Delete
NAME WELLS, SCOTT RAYMOND JR
STREET ADDRESS 10241 NW 35 ST
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ~~SPD~~ ☐ Delete
NAME Bignani, Marilyn
STREET ADDRESS 10241 NW 35th St
CITY-ST-ZIP Coral Springs

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-11-04