

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754067

FILED  
Apr 12, 2007  
Secretary of State

Entity Name: LAKES GARDEN CONDOMINIUM ASSOCIATION, INC

**Current Principal Place of Business:**

2641 EAST ATLANTIC BLVD.  
SUITE 310  
POMPANO BEACH, FL 33062 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 802  
POMPANO BEACH, FL 33061 US

**New Mailing Address:**

FEI Number: 59-2168668      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KLUTZ, MARY LISA,  
Address: 10241 NW 35TH ST, UNIT A  
City-St-Zip: CORAL SPRINGS, FL

Title: TD ( ) Delete  
Name: WELLS, SCOTT RAYMOND, JR  
Address: 10241 NW 35 ST, UNIT B  
City-St-Zip: CORAL SPRINGS, FL

Title: VPD ( ) Delete  
Name: BRANUM, MARILYN  
Address: 10241 NW 35TH ST, UNIT C  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY MCGREGOR

MR

04/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date