

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000003297 (8)

1. Corporation Name
LAKE PARK AT FOREST RIDGE HOMEOWNERS ASSOCIATION, INC.

MAIL
FEB 12 1996



Principal Place of Business
**111 EAST LAS OLAS BLVD.
FORT LAUDERDAE FL 33301**

Mailing Address
**111 EAST LAS OLAS BLVD.
FORT LAUDERDAE FL 33301**

1103

9. Date Incorporated or Qualified **06/28/1994** 3a. Date of Last Report **04/26/1995**

21	2. Principal Place of Business 312 S.E. 17th St.	26	2a. Mailing Address 312 S.E. 17th St.
22	Suite, Apt., #, etc. Suite 300	27	Suite, Apt., #, etc. Suite 300
23	City & State Ft. Lauderdale, FL	28	City & State Ft. Lauderdale, FL
24	Zip 33324	29	Zip 33324
25	Country USA	30	Country USA

4. FEI Number **65-0534268** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**COLLINS, WALTER C
111 EAST LAS OLAS BLVD.
FORT LAUDERDAE FL 33301**

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	COLLINS, WALTER C	
STREET ADDRESS	111 EAST LAS OLAS BLVD.	
CITY-ST-ZIP	FORT LAUDERDAE FL 33301	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CANTRELL, WILLIAM	
STREET ADDRESS	111 EAST LAS OLAS BLVD.	
CITY-ST-ZIP	FORT LAUDERDAE FL 33301	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ADAMS, PHIL	
STREET ADDRESS	111 EAST LAS OLAS BLVD.	
CITY-ST-ZIP	FORT LAUDERDAE FL 33301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Day/Time Phone # _____

CR2E037 (12/95)