1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400003297

LAKE PARK AT FOREST RIDGE HOMEOWNERS ASSOCIATION , INC.

Principal Place of Business 1067 SHOTGUN ROAD SUNRISE FL 33326

Mailing Address

1067 SHOTGUN ROAD SUNRISE FL 33326

FILED Mar 01, 1999 8:00 am § Secretary of State 03-01-1999 90115 026 ****61.25



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2. Principal Place of Business		2a. Mailing Address			3. Date Incorporated or Qualifed 06/28/1994
Suite, Apt.	# ata	Suite, Apt. #, etc.			4. FEI Number Applied For
	#, etc.	27			65-0534268 Not Applicable
22 City & State		City & State			\$8.75 Additional
23	~	28			5. Certificate of Status Desired Fee Required
Zip	Country	Zip	Country		6. Election Campaign Financing 55.00 May Be
24	25	29 30	<u> </u>		Trust Fund Contribution Added to Fees
	9. Name and Address of Current		<u> </u>		10. Name and Address of New Registered Agent
			81	Name	
TUDZAROV, LOUISE				Stroot	Address (P.O. Box Number is Not Acceptable)
345 W OAKLAND PARK BLVD			82	Street	Address (F.O. Box Number is Not Acceptable)
FT LAUDERDALE FL 33311			83		
FILAUDE	HUALE FL 33311				loo To Cado
•			84	City	FL 85 Zip Code
office or r agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	r Fiorida. Such change was autr	ionzeu uy	me corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent is	and title if applicable. (NOTE: Re	egistered Ager	nt signature r	equired when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	X DELETE	1.1 TITLE		PD X Change Addition
NAME	VORDONARO, VINCENZO		1.2 NAME	İ	George Volpe
STREET ADDRESS	9092 LAKE PARK CIRCLE SOUTI	H	1.3 STREE	TADDRESS	9162 Lake Park Circle South
CiTY-ST-ZIP	DAVIE FL 33328		1.4 CiTY-S	T-2#P	Davie, FL 33328
TITLE	VP	X □ DELETE	2.1 TITLE		VP .☐ Change x Addition
NAME	ROWLAND, JOHN		2.2 NAME		Shirley Comeau
STREET ADDRESS	9095 LAKE PARK CIRCLE SOUTI	Н	2.3 STREE	TADDRESS	9015 Lake Park Circle South
CITY-ST-ZIP	DAVIE FL 33328		2.4 CITY-S	ST-ZIP	Davio FT. 33328
TITLE	SD	X DELETE	3.1 TITLE		S Change X Addition
NAME	RAFF, MARY	A	3.2 NAME		Sharon Glantz
STREET ADDRESS	8910 LAKE PARK CIRCLE NORTH	Н	3.3 STREE	T ADDRESS	2701 Lake Park Circle West
CITY-ST-ZIP	DAVIE FL 33328		3.4. CITY-5	ST-ZIP	Davie, FL 33328
TITLE	TD	☐ DELETE	4.1 TITLE		[] Citally 451 Addition
NAME	SLAVIN, RALPH		4. 2 NAME		D Com! Drakely
STREET ADDRESS	9020 LAKE PARK CIRCLE NORTH	Н	4.3 STREE	TADDRESS	Carl Drakely 8812 Lake Park Circle
CITY-ST-ZIP	DAVIE FL 33328		4.4 CITY-S	T-ZIP	8817 Pake Lary Circio
TRLE	D	🚰 DELETE	5.1 TITLE		Davie, FL 33328 Change Addition
NAME	VOLPE, GEORGE		5.2 NAME		
STREET ADDRESS	A	Н	5.3 STREE	T ADDRESS	
CITY-ST-ZIP	DAVIE FL 33328	· ·	5.4 CITY- 9	T-ZIP	<u></u>
TITLE		DELETE	6.1 TTLE		☐ Change ☐ Addition
NAME			6.2 NAME		, ,
OTREET ADDRESS			6.3 STREE	TADORESS	•

CITY-ST-ZIP 14. 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: