

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-26-2002 90105 011 ****61.25

DOCUMENT # N94000003297

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

Principal Place of Business 1067 SHOTGUN ROAD SUNRISE FL 33326 US	Mailing Address 1067 SHOTGUN ROAD SUNRISE FL 33326 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2950 N 28 Terrace Suite, Apt. #, etc.	3. Mailing Address 2950 N 28 Terrace Suite, Apt. #, etc.
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City & State Hollywood, FL 33020	City & State Hollywood, FL 33020
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4. FEI Number 65-0534268	Applied For <input type="checkbox"/> Not Applicable
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Zip 33020	Country USA	Zip 33020	Country USA
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TUDZAROV, LOUISE
345 W OAKLAND PARK BLVD
FT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent
 Name: **HERNANDEZ, ERIC**
 Street Address (P.O. Box Number is Not Acceptable): **4000 ABINGDON BLVD #265E**
 City: **Hollywood FL** Zip Code: **33021**

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.

SIGNATURE: *[Signature]* DATE: **3/19/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VOLPE, GEORGE 8182 LAKE PARK CIRCLE S. DAVIE FL 33328	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NETTLE, SALLY 9050 LAKE PARK CIRCLE DAVIE FL 33328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAAN, STANLEY 9050 LAKE PARK CIRCLE DAVIE FL 33328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SLAVIN, RALPH 9020 LAKE PARK CIRCLE NORTH DAVIE FL 33328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAKELY, CARL 8812 LAKE PARK CIRCLE DAVIE FL 33328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED** *[Signature]* DATE: **2/5/02** DAYTIME PHONE #: **954-527-4855**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)