

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

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90044 045 ****61.25

DOCUMENT # N94000003297
 1. Entity Name
LAKE PARK AT FOREST RIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **2950 N 28 TERRACE HOLLYWOOD FL 33020 US**
 Mailing Address: **2950 N 28 TERRACE HOLLYWOOD FL 33020 US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number: **65-0534268**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
EISINGER, DENNIS
4000 HOLLYWOOD BLVD
#2655
HOLLYWOOD FL 33021

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: _____ DATE: _____
 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
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: S	NAME: NETTLE, SALLY	<input type="checkbox"/> Delete
STREET ADDRESS: 9050 LAKE PARK CIRCLE	CITY-ST-ZIP: DAVIE FL 33328	
TITLE: VPD	NAME: CAAN, STANLEY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 9050 LAKE PARK CIRCLE	CITY-ST-ZIP: DAVIE FL 33328	
TITLE: TD	NAME: SLAVIN, RALPH	<input type="checkbox"/> Delete
STREET ADDRESS: 9020 LAKE PARK CIRCLE NORTH	CITY-ST-ZIP: DAVIE FL 33328	
TITLE: PD	NAME: DRAKELY, CARL	<input type="checkbox"/> Delete
STREET ADDRESS: 8812 LAKE PARK CIRCLE	CITY-ST-ZIP: DAVIE FL 33328	
TITLE: PD	NAME: APPLE, TERRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 2663 E. LAKE PARK CIR.	CITY-ST-ZIP: DAVIE FL 33328	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D	NAME: JEANETTE HAWKEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 2643 LAKE PARK CIRCLE EAST	CITY-ST-ZIP: DAVIE FL 33328	
TITLE: VP	NAME: JIM BORDONARO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 9002 LAKE PARK CIRCLE SOUTH	CITY-ST-ZIP: DAVIE, FL 33328	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Ralph Slavin **Treas** Date: 2/16/04 Daytime Phone #: 954-475-9870
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR