
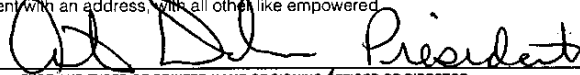


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90044 032 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0534268	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
EISINGER, DENNIS 4000 HOLLYWOOD BLVD #2655 HOLLYWOOD, FL 33021				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NETTLE, SALLY		NAME	Anita Dolan	
STREET ADDRESS	9050 LAKE PARK CIRCLE		STREET ADDRESS	9172 LAKE PARK CIRCLE	
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP	DAVIE FL 33328	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANLEY, JEANETTE		NAME	Linda KASTNER	
STREET ADDRESS	2643 LAKE PARK CIR EAST		STREET ADDRESS	9115 LAKE PARK CIRCLE	
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP	DAVIE FL 33328	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAVIN, RALPH		NAME		
STREET ADDRESS	9020 LAKE PARK CIRCLE NORTH		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRAKELY, CARL		NAME	Sandy Secup	
STREET ADDRESS	8812 LAKE PARK CIRCLE		STREET ADDRESS	8832 LAKE PARK CIRCLE	
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORDONARO, JIM		NAME	Michael Walsh	
STREET ADDRESS	9092 LAKE PARK CIR SOUTH		STREET ADDRESS	8985 LAKE PARK CIRCLE	
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP	DAVIE FL 33328	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		President		Date: 1/29/05 954-424-7451	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	