


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

07-17-2006 90144 042 \*\*\*\*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  
**C/O SUNRAE MANAGEMENT SVCS.**  
 Suite, Apt. #, etc.  
**7071 W. COMMERCIAL BVD #2B**  
 City & State  
**EMERALD, FL**

3. Mailing Address  
**C/O SUNRAE MANAGEMENT SVCS.**  
 Suite, Apt. #, etc.  
**7071 W. COMMERCIAL BVD #2B**  
 City & State  
**EMERALD, FL**

04212006 Chg-NP CR2E037 (11/05)

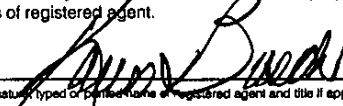
4. FEI Number  
**65-0534268** Applied For  
 Not Applicable

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

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 **C/O SUNRAE MANAGEMENT SERVICES**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7071 W. COMMERCIAL BVD**  
**SUITE #2B**  
 City **EMERALD** FL Zip Code **33319**

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 **4/20/06**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2006**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOLAN, ANITA 9172 LAKE PARK CIRCLE DAVIE, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDD Bardosh, TOM 2012 LAKE PARK CIRCLE SOUTH DAVIE, FL 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KASTNER, LINDA 9115 LAKE PARK CIRCLE FORT LAUDERDALE, FL 33328 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Allison, Lori 9172 LAKE PARK CIRCLE DAVIE, FL 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SLAVIN, RALPH 9020 LAKE PARK CIRCLE NORTH DAVIE, FL 33328 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Fix, Richard 9142 LAKE PARK CIRCLE SOUTH DAVIE, FL 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SECAP, SANDY 8832 LAKE PARK CIRCLE DAVIE, FL 33328 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Walsh, Michael 7996 LAKE PARK CIRCLE SOUTH DAVIE, FL 33328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALSH, MICHAEL 8985 LAKE PARK CIRCLE DAVIE, FL 33328 <input type="checkbox"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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:  ANITA DOLAN Date **4/26/06** Daytime Phone # **(954) 733-9010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR