



**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90114 001 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # N94000003297</b>			
1. Entity Name <b>LAKE PARK AT FOREST RIDGE HOMEOWNERS ASSOCIATION, INC.</b>			
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 <b>65-0534268</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ESINGER, DENNIS 4000 HOLLYWOOD BLVD #2655 HOLLYWOOD FL 33021		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reappointing) DATE _____			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing: Trust Fund Contribution <input type="checkbox"/> \$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 <b>S</b> NAME <b>NETTLE, SALLY</b> STREET ADDRESS <b>9050 LAKE PARK CIRCLE</b> CITY-ST-ZIP <b>DAVIE FL 33328</b>	<input type="checkbox"/> Delete	TITLE <b>PD</b> NAME <b>TERRY APPOLO</b> STREET ADDRESS <b>2663 E. Lake Park Circle</b> CITY-ST-ZIP <b>DAVIE, FL 33328</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>VP</b> NAME <b>CAAN, STANLEY</b> STREET ADDRESS <b>9050 LAKE PARK CIRCLE</b> CITY-ST-ZIP <b>DAVIE FL 33328</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>T</b> NAME <b>SLAVIN, RALPH</b> STREET ADDRESS <b>9020 LAKE PARK CIRCLE NORTH</b> CITY-ST-ZIP <b>DAVIE FL 33328</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>PD</b> NAME <b>DRAKELY, CARL</b> STREET ADDRESS <b>8812 LAKE PARK CIRCLE</b> CITY-ST-ZIP <b>DAVIE FL 33328</b>	<input checked="" 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
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 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: 		Date: <b>1/26/03</b> Daytime Phone # _____	

CR2E037 (10/02)