

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716972

**Entity Name:** LAKE PARK CONDOMINIUM I, INC.**Current Principal Place of Business:**900 N.E. 199TH ST  
NORTH MIAMI BEACH, FL 33179**Current Mailing Address:**900 NE 199 STREET  
OFFICE  
MIAMI, FL 33179 US**FEI Number:** 59-1274009**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAW OFFICE OF CARLA JONES,P.A.  
550 NE 124TH STREET  
NORTH MIAMI BEACH, FL 33161 US*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:** MONICA HERNDON

04/06/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name LEE, ARTHELIA  
Address 900 N.E. 199TH ST  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title TREASURER  
Name LEON, ILIANA  
Address 900 N.E. 199TH ST  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title PRESIDENT  
Name ANDERSON, YVONNE  
Address 900 N.E. 199TH ST  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title SECRETARY  
Name JEAN-FRANCOIS, MARIE  
Address 900 N.E. 199TH ST  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title DIRECTOR  
Name LEACH, GILLIAN  
Address 900 N.E. 199TH ST  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title DIRECTOR  
Name SANCHEZ, PEDRO  
Address 900 N.E. 199TH ST  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title DIRECTOR  
Name ROJAS, JANET  
Address 900 N.E. 199TH ST  
City-State-Zip: NORTH MIAMI BEACH FL 33179

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANDERSON, YVONNE

PRESIDENT

04/06/2022

Electronic Signature of Signing Officer/Director Detail

Date