

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **709610** (0)

1. Corporation Name

**LAKE PARK GARDENS #1, INC. A CONDOMINIUM**



Principal Place of Business

Mailing Address

SUITE 203  
6289 W. SUNRISE BLVD.  
SUNRISE FL 33313

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6289 W. SUNRISE BLVD.  
SUNRISE FL 33313

3. Date Incorporated or Qualified  
**09/20/1965**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

4. FEI Number  
**59-1147871**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUMMIT PROPERTY MANAGEMENT, INC.**  
**SUITE 202**  
**6289 W. SUNRISE BLVD.**  
**SUNRISE FL 33313**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME ~~PD~~ **FOLTERMANN, WILLIAM**  
STREET ADDRESS **4731 NW 10TH COURT, #212**  
CITY-ST-ZIP **PLANTATION FL 33313**

TITLE ☐ DELETE  
NAME **D** **JOHNSTON, ELAINE**  
STREET ADDRESS **4731 NW 10TH CT 302**  
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ DELETE  
NAME ~~SD~~ **RAMOS, EVA**  
STREET ADDRESS **4731 NW 10 CT #214**  
CITY-ST-ZIP **PLANTATION FL**

TITLE ☒ DELETE  
NAME ~~TD~~ **MAY, MARY**  
STREET ADDRESS **4731 NW 10TH COURT, #118**  
CITY-ST-ZIP **PLANTATION FL 33313**

TITLE ☐ DELETE  
NAME **VP** **MCMAHON, FRANK**  
STREET ADDRESS **4731 NW 10TH CT #202**  
CITY-ST-ZIP **PLANTATION FL**

TITLE ☒ DELETE  
NAME ~~D~~ **MAE WRONA, EVA**  
STREET ADDRESS **4731 NW 10TH CT #218**  
CITY-ST-ZIP **PLANTATION FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **Phoebe Nigro**  
1.3 STREET ADDRESS **4731 NW 10 Ct, #312**  
1.4 CITY-ST-ZIP **Plantation, FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **T/O** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **D** **Frank Matthews**  
4.3 STREET ADDRESS **4731 NW 10 Ct, #102**  
4.4 CITY-ST-ZIP **Plantation, FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **D** **Ruby Simmons**  
6.3 STREET ADDRESS **4731 NW 10 Ct, #306**  
6.4 CITY-ST-ZIP **Plantation, FL**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Phoebe Nigro* **PHOEBE NIGRO**

**3-23-96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)