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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 709610 (0)

LAKE PARK GARDENS #1, INC. A CONDOMINIUM

	, , , , , , , , , , , , , , , , , , , ,							
Principal Place	of Business	Mailing Address			\$ 104/10 10831 88 150 EBIJO 81101 BARIF 81	<u> </u>		
SUITE 203 6289 W. SUNRISE BLVD. SUNRISE FL 33313		SUITE 203 6289 W. SUNRISE BLVD. SUNRISE FL 33313-6154					<u> </u>	
			0		3. Date Incorporated or Qualified 09/20/1965	3a. Date of Last F 04/24/19	1 eport 96	
2. Principal Pl	ace of Business MONTHERSON MAR	2a. Mailing Address	Howary M	led "	I. FEI Number 59-1147871		pplied For ot Applicable	
Suite, Apt	#, etc. BLU 189013	Suite Act. # 180.	189013		5. Certificate of Status Desired	+ - · · ·	Additional equired	
City o State	TAYOUTSA	City State 28 PANTAYIO	UKA	•	Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip	Country	Zip	Country	1 6	3. This corporation has liability for I			
24 <i>333</i>	18 25 WSF		30	₹	Florida Statutes	Yes No		
	9. Name and Address of Current	Registered Agent	61 Name), Name and Address of New Re	gistered Agent		
SUMMIT PROPERTY MANAGEMENT, INC. 82 Street Address					(P.O. Box Nymber is Not Acceptab		,	
SUITE 202				430) [] 311[[]	SE Bu	1 <u>0</u>	
62 89 W. CUNRISE BLVD. SUNRISE FL 93318				010	U			
			B4 City	PLAN	TAYUL	FL 85 29	33°/3	
11. Pursuant to	to the provisions of Section 617.0502 agistered agent, or both in the State of m familia with, and accept the obliga	and 617.1508, Florida Statute of Florida, Such change was a	es, the above-named authorized by the cor	d corporati	ion submits this statement for the p board of directors. I hereby accept	urpose of changing i	ts registered registered	
agent. Lai	m familia (with, and accept the obliga	tions of, Section 617.0503, Flo	orida Statutes.	V D _	· Administration	2/7/97		
SIGNATURE.	Signalule, typed or printed fame of registered agen		Registered Agent signature			DATE		
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	•	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12	
TITLE	PD	DELETE	1.1 TITLE	4ک		Change	Addition	
NAME	PHOEBE NIGRO		1.2 NAME	JENN	ke, Kaeya			
STREET ADDRESS	4731 NW 10 CT 312		1.3 STREET ADDRESS					
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP				/	
TITLE	D	L DELETE	2.1 TITLE			[] Change	Addition	
NAME	JOHNSTON, ELAINE		2.2 NAME					
STREET ADDRESS	4731 NW 10TH CT 302		2.3 STREET ADDRESS	1				
CITY-ST-ZIP	PLANTATION FL.	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	 		Change	Addition	
TITLE	TD Ramos, Eva	☐ DELETE	I			CT CHAINGE	L.J Addition	
NAME CAREA ADDRESS	4731 NW 10 CT #214		3.2 NAME					
STREET ADDRESS City+S1-Zip	PLANTATION FL		3.3 STREET ADDRESS	`				
TITLE	D	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE			Change	Addition	
, NAME	FRANK MATTHEWS	• 	4.2 NAME			<u> </u>		
STREET ADDRESS	4731 NW 10 CT 102		4.3 STREET ADDRESS					
CHY-ST-ZIP	PLANTATION FL		4.4 CITY-ST-ZIP					
TITLE	VP	DELETE	5.1 TITLE	1		Change	Addition	
NAME	MCMAHON, FRANK		5.2 NAME		•			
STREET ADDRESS	4731 NW 10TH CT #202		5.3 STREET ADDRESS					
CITY-ST-ZIP	PLANTATION FL		5.4 CITY - ST - ZIP					
TITLE	D	☐ DELETE	6.1 TITLE	1		Change	☐ Addition	
NAME	RUBY SIMMONS		6.2 NAME	1				
STREET ADDRESS	4731 NW 10 CT 306		6.3 STREET ADDRESS	- [
CITY-ST-ZIP	PLANTATION FL	with this filling steen met access	6.4 CITY-ST-ZIP	etate of to C	Pootion 440 07/9)/// Finalda Contra	a I further a said. of a	l tha	
informatio	by certify that the information supplied in indicated on this annual report or su	upplemental annual report is tr	rue and accurate and	id that my i	signature shall have the same lega	l effect as if made un	der oath: that	
l am an of	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

FILED

May 15 1997 8:00am

Secretary of State