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Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **709610** (0)

1. Corporation Name

LAKE PARK GARDENS #1, INC. A CONDOMINIUM

Principal Place of Business

Mailing Address

~~C/O SUNRISE PROPERTY MGMT.~~  
P.O. BOX 189013  
PLANTATION FL 33318  
US

~~C/O SUNRISE PROPERTY MGMT.~~  
P.O. BOX 189013  
PLANTATION FL 33318  
US



3. Date Incorporated or Qualified

09/20/1965

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business  
21 C/o Castle Group

2a. Mailing Address  
26 C/o Castle Group

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SUNRISE PROPERTY MANAGEMENT, INC.~~  
4450 W SUNRISE BLVD.  
C-100  
PLANTATION FL 33313

81 Name  
Castle Property Services Group, Inc.

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 *Gail H. Sangunett* Gail H. Sangunett, Vice President - Administration 1/9/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME PHOEBE NIGRO  
STREET ADDRESS 4731 NW 10 CT 312  
CITY-ST-ZIP PLANTATION FL

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

TITLE TD ☒ DELETE  
NAME RAMOS, EVA  
STREET ADDRESS 4731 NW 10 CT #214  
CITY-ST-ZIP PLANTATION FL

TITLE D ☒ DELETE  
NAME FRANK MATTHEWS  
STREET ADDRESS 4731 NW 10 CT 102  
CITY-ST-ZIP PLANTATION FL

TITLE SD ☒ DELETE  
NAME JENNER, KARYN  
STREET ADDRESS 4731 NW 10TH CT #202  
CITY-ST-ZIP PLANTATION FL

TITLE D ☒ DELETE  
NAME RUBY SIMMONS  
STREET ADDRESS 4731 NW 10 CT 306  
CITY-ST-ZIP PLANTATION FL

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME NIGRO, PHOEBE  
1.3 STREET ADDRESS 4750 NW 10th Ct #206  
1.4 CITY-ST-ZIP Plantation FL

2.1 TITLE VD ☐ Change ☒ Addition  
2.2 NAME MARSHALL, JOAN  
2.3 STREET ADDRESS 4731 NW 10th Ct #212  
2.4 CITY-ST-ZIP Plantation, FL

3.1 TITLE STD ☐ Change ☒ Addition  
3.2 NAME TAVANA, SANGRA  
3.3 STREET ADDRESS 4731 NW 10th Ct #210  
3.4 CITY-ST-ZIP Plantation FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, President 1/9/98 (954) 792-6000

CR2E037 (10/97)