

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999 **(L)**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90037 050 ****70.00

DOCUMENT # **709610**

1. Corporation Name

LAKE PARK GARDENS #1, INC. A CONDOMINIUM

Principal Place of Business

Mailing Address

C/O CASTLE GROUP
P.O. BOX 189013
PLANTATION FL 33318
US

C/O CASTLE GROUP
P.O. BOX 189013
PLANTATION FL 33318
US



2. Principal Place of Business

2a. Mailing Address

21 **4731 NW 10th CT, #104**

26 **4731 N.W 10th CT.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **104**

27 **104**

City & State

City & State

23 **PLANTATION, FL**

28 **PLANTATION, FL**

Zip

Zip

24 **33313**

Country

29 **33313**

Country

25 **BROWARD**

30 **BROWARD**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASTLE PROPERTY, SERVICES GROUP
4450 W SUNRISE BLVD.
C-100
PLANTATION FL 33313

81 Name **PRUDENTIAL PROPERTIES & INVESTMENTS**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **5617 NW 21st STREET**
84 City **LAUDERHILL** FL 85 Zip Code **33313**

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 **See London, PRESIDENT - PRUDENTIAL PROPERTIES** **3/17/99**

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 **4750 NW 10TH CT #206**
CITY-ST-ZIP **PLANTATION FL**

TITLE **VD** ☐ DELETE

NAME **MARSHALL, JOAN**
STREET ADDRESS **4731 NW 10TH CT 212**
CITY-ST-ZIP **PLANTATION FL**

TITLE **STD** ☐ DELETE

NAME **TAVANA, SANDRA**
STREET ADDRESS **4731 NW 10TH CT 210**
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **PD**
1.3 STREET ADDRESS **ASODHA ROHAN**
1.4 CITY-ST-ZIP **4731 N.W. 10th CT, #104**
PLANTATION, FL 33313

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **STD**
2.3 STREET ADDRESS **JOAN MARSHALL**
2.4 CITY-ST-ZIP **4731 NW 10th CT, #212**
PLANTATION, FL 33313

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **TRD**
3.3 STREET ADDRESS **SANDRA TAVANO**
3.4 CITY-ST-ZIP **4731 NW 10th CT, #210**
PLANTATION, FL 33313

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **VD**
4.3 STREET ADDRESS **BHAGWANDAI ROHAN**
4.4 CITY-ST-ZIP **4731 NW 10th CT, #104**
PLANTATION FL 33313

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **T**
5.3 STREET ADDRESS **STEPHEN ALLISON**
5.4 CITY-ST-ZIP **4731 NW 10th CT, #118**
PLANTATION, FL 33313

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **T**
6.3 STREET ADDRESS **RUBY SIMMONS**
6.4 CITY-ST-ZIP **4731 NW 10th CT, #104**
PLANTATION, FL 33313

14. 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 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, with all other like empowered.

SIGNATURE:

Asodha Rohan, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)