

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709610

1. Entity Name

LAKE PARK GARDENS #1, INC. A CONDOMINIUM

**FILED**  
May 09, 2000 8:00 am  
Secretary of State

05-09-2000 90023 024 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4731 NW 10TH CT  
#104  
PLANTATION FL 33313  
US

4731 NW 10TH CT  
#104  
FORT LAUDERDALE FL 33313-6546  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1147871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRUDENTIAL PROPERTIES & INVESTMENTS  
5617 NW 21ST STREET  
LAUDERHILL FL 33313

Name **CONSOLIDATED COMMUNITY MGT**

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

**10034 WEST MCNAB RD**

City **TAMARAC**

**FL**

Zip Code **33323**

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **ROHAN, AJODHA**  
CITY-ST-ZIP **4731 NW 10TH CT #104  
PLANTATION FL 33313**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **STD**  
STREET ADDRESS **MARSHALL, JOAN**  
CITY-ST-ZIP **4731 NW 10TH CT 212  
PLANTATION FL 33313**

TITLE ☒ Change ☐ Addition  
NAME **DIRECTOR (D)**  
STREET ADDRESS **MARSHALL, JOAN**  
CITY-ST-ZIP **4731 NW 10TH CT #212  
PLANTATION FL 33313**

TITLE ☐ Delete  
NAME **TRD**  
STREET ADDRESS **TAVANA, SANDRA**  
CITY-ST-ZIP **4731 NW 10TH CT 210  
PLANTATION FL 33313**

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **TAVANA, SANDRA**  
CITY-ST-ZIP **4731 NW 10TH CT #210  
PLANTATION FL 33313**

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **ROHAN, BHAGWANDAI**  
CITY-ST-ZIP **4731 NW 10TH CT #104  
PLANTATION FL 33313**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **ALLISON, STEPHEN**  
CITY-ST-ZIP **4731 NW 10TH CT #118  
PLANTATION FL 33313**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **SIMMONS, RUBY**  
CITY-ST-ZIP **4731 NW 10TH CT #104  
PLANTATION FL 33313**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **A SKOMONE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-8-00 (954) 587-2646**  
Date Daytime Phone #

CR2E037 (9/99)

# 10 CONTD.

TITLE	S	<input checked="" type="checkbox"/> ADDITION
NAME	MATHIS, TROY	# 109610
T. ADDRESS	4731 NW 10 <sup>TH</sup> CT, #102	10057280
TY-ST-ZIP	PLANTATION, FL 33313	

TITLE	T	<input checked="" type="checkbox"/> ADDITION
NAME	Patricia Huck	
ADDRESS	4731 NW 10 <sup>TH</sup> CT, #304	
TY-ST-ZIP	Plantation, FL 33313	