

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709610

1. Entity Name

LAKE PARK GARDENS #1, INC. A CONDOMINIUM

Principal Place of Business

10034 W MCNAB ROAD  
TAMARAC FL 33321  
US

Mailing Address

10034 W MCNAB ROAD  
TAMARAC FL 33321  
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

CONSOLIDATED COMMUNITY MGMT.  
10034 WEST MCNAB ROAD  
TAMARAC FL 33321

Name

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

City

FL

Zip Code

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 D  
NAME RAMOS, TOM  
STREET ADDRESS 10034 W MCNAB RD  
CITY-ST-ZIP TAMARAC FL 33321 ☒ Delete

TITLE D  
NAME JACQUARD, JAMES  
STREET ADDRESS 10034 W MCNAB RD  
CITY-ST-ZIP TAMARAC, FL 33321 ☐ Change ☒ Addition

TITLE STD  
NAME MARSHALL, JOAN  
STREET ADDRESS 10034 W MCNAB RD  
CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete

TITLE STD  
NAME MARSHALL, JOAN  
STREET ADDRESS 10034 W MCNAB RD  
CITY-ST-ZIP TAMARAC, FL 33321 ☒ Change ☐ Addition

TITLE TRD  
NAME TAVANA, SANDRA  
STREET ADDRESS 10034 W MCNAB RD  
CITY-ST-ZIP TAMARAC FL 33321 ☒ Delete

TITLE  
NAME Lebron, Jose  
STREET ADDRESS 10034 W MCNAB RD  
CITY-ST-ZIP TAMARAC, FL 33321 ☐ Change ☒ Addition

TITLE PD  
NAME RAMOS, EVA  
STREET ADDRESS 10034 W MCNAB RD  
CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete

TITLE VPD  
NAME RAMOS, EVA  
STREET ADDRESS 10034 W MCNAB RD  
CITY-ST-ZIP TAMARA, FL 33321 ☒ Change ☐ Addition

TITLE VD  
NAME RAMOS, RALPH  
STREET ADDRESS 10034 W MCNAB RD  
CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete

TITLE PD  
NAME RAMOS, RALPH  
STREET ADDRESS 10034 W MCNAB RD  
CITY-ST-ZIP TAMARAC, FL 33321 ☒ Change ☐ Addition

TITLE D  
NAME RAMOS, DANNY  
STREET ADDRESS 10034 W MCNAB RD  
CITY-ST-ZIP TAMARAC FL 33321 ☒ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)