

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90040 039 \*\*\*\*61.25

<b>DOCUMENT # 709610</b> 1. Entity Name <b>LAKE PARK GARDENS #1, INC. A CONDOMINIUM</b>					
Principal Place of Business <b>4731 NW 10TH CT. PLANTATION, FL 33313 US</b>			Mailing Address <b>4731 NW 10TH CT. #312 PLANTATION, FL 33313 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number <b>59-1147871</b>
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GRIFFEN, MARIE 4731 NW 10 CT. PLANTATION, FL 33313</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <span style="margin-left: 20px;">(NOTE: Registered Agent signature required when reinstating)</span>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b> <span style="float: right;"><input checked="" type="checkbox"/></span>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIFFEN, MARIE 4731 NW 10 COURT #312 PLANTATION, FL 33313	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRANCIS, DOREEN 4731 NW 10 COURT #218 PLANTATION, FL 33313	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SENIOR, MARCIA 4731 NW 10 COURT #112 PLANTATION, FL 33313	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TASEHEREAU, PIERRE 4731 NW 10 COURT #310 PLANTATION, FL 33313	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUBBS, SOBRINA 4731 NW 10 COURT #316 PLANTATION, FL 33313	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOANN BAIN 4731 NW 10 CT. PLANTATION, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MALTIE RAMNARINE 4731 NW 10 CT PLANTATION, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RADICA HARRIDE ISAID 4731 NW 10 CT PLANTATION, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELAINE JOHN STON 4731 NW 10 CT PLANTATION, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <span style="float: right;">Date <b>4/15/08</b> Daytime Phone #</span>					