

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **711173** (5)

1. Corporation Name

**LAKE PARK GARDENS #3. INC.,**



Principal Place of Business

ASSOCIATION)  
4771 N W TENTH COURT 108  
PLANTATION FL 33313

Mailing Address

ASSOCIATION)  
4771 N W TENTH COURT 108  
PLANTATION FL 33313

3. Date Incorporated or Qualified  
**07/12/1966**

3a. Date of Last Report  
**03/22/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

**59-1147870**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PALMER, HARVEY  
4771 NW 10TH CT (APT 302)  
PLANTATION FL 33313

10. Name and Address of New Registered Agent

81 Name **BRIN, JOHN J.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4771 NW 10TH CT (#312)**  
83 **PLANTATION, FL**  
84 City **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

**BRIN JOHN J. (PRESIDENT)**

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

(NOTE: Registered Agent signature required when reappointing)

**3/5/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE  
NAME **MOHAN, PATRICK**  
STREET ADDRESS **4771 NW 10TH CT #302**  
CITY-ST-ZIP **PLANTATION FL**

TITLE **D** ☐ DELETE  
NAME **LYNCH, DOROTHY**  
STREET ADDRESS **4771 NW 10TH CT #214**  
CITY-ST-ZIP **PLANTATION FL**

TITLE **D** ☐ DELETE  
NAME **VORUS, ROBERT**  
STREET ADDRESS **4771 NW 10TH CT #112**  
CITY-ST-ZIP **PLANTATION FL**

TITLE **VPD** ☐ DELETE  
NAME **BRIN, JOHN J**  
STREET ADDRESS **4771 NW 10TH CT #312**  
CITY-ST-ZIP **PLANTATION FL**

TITLE **D** ☒ DELETE  
NAME **FUREY, ADELE**  
STREET ADDRESS **4771 NW 10TH CT**  
CITY-ST-ZIP **PLANTATION FL**

TITLE **PD** ☐ DELETE  
NAME **PALMER, HARVEY # PALMER, JAMES (K312)**  
STREET ADDRESS **4771 NW 10TH CT #302**  
CITY-ST-ZIP **PLANTATION FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D / SECT. 17** ☐ Change ☒ Addition  
1.2 NAME **MALER, CAROL (APT 308)**  
1.3 STREET ADDRESS **4771 NW 10TH CT PLANTATION, FL 33313**  
1.4 CITY-ST-ZIP **PLANTATION, FL 33313**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **VPD** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **PRES. / D** ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE **LAMAN, ROSE** ☐ Change ☒ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE **DIR.** ☒ Change ☒ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/5/96** (954)  
**792-8632**  
Date Daytime Phone #

CR2E037 (12/95)