

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90135 047 \*\*\*\*61.25

**DOCUMENT # 711173**

1. Entity Name

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

Principal Place of Business

Mailing Address

**ASSOCIATION)  
 4771 NW 10TH COURT  
 PLANTATION FLA 33313  
 US**

**-C/O CREST-PROPERTY  
 PO-BOX-452347  
 SUNRISE FL 33345  
 US**

2. Principal Place of Business

3. Mailing Address

**4771 N.W. 10<sup>TH</sup> COURT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**PLANTATION FL.**

Zip

Country

Zip

Country

**33313**

**FLORIDA**

4. FEI Number

**59-1147870**

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

**CREST PROPERTY MGMT  
 4700 HIATUS RD #156  
 SUNRISE FL 33351**

Name **JOHN T. BRIN**

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

**4771 N.W. 10<sup>TH</sup> CT (#312)**

City **PLANTATION**

**FL**

Zip Code **33313**

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** ☐ Delete  
 NAME **BURKE, JANICE**  
 STREET ADDRESS **4771 NW 10TH CT 204**  
 CITY-ST-ZIP **PLANTATION FL 33313**

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

TITLE **STD** ☐ Delete  
 NAME **GEARY, ALICE**  
 STREET ADDRESS **4771 NW 10 CT, 204**  
 CITY-ST-ZIP **PLANTATION FL 33313**

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

TITLE **PD** ☐ Delete  
 NAME **BEREDETTO, NANCY**  
 STREET ADDRESS **4771 NW 10TH CT #204**  
 CITY-ST-ZIP **PLANTATION FL 33313**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

**JOHN T. BRIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)

0075167