

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 716830 (5)  
1. Corporation Name

LAKE PARK GARDENS #7, INC., A CONDOMINIUM



700001862557  
-06/14/96--01077--005  
\*\*\*61.25

Principal Place of Business: 4740 NORTHWEST 10TH COURT PLANTATION FL 33313  
Mailing Address: 4740 NORTHWEST 10TH COURT PLANTATION FL 33313

3. Date Incorporated or Qualified: 07/02/1969  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 same as above  
2a. Mailing Address: 26 same as above  
22 Suite, Apt. #, etc.  
23 City & State  
24 Zip Country 25 29 Zip Country 30

4. FEI Number: 59-1317849  
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  
SUNRAE MANAGEMENT SERVICES, INC.  
4000 NORTH STATE ROAD 7  
SUITE 408  
LAUDERDALE LAKES FL 33319

10. Name and Address of New Registered Agent  
81 Name: Walter Hughes  
82 Street Address (P.O. Box Number is Not Acceptable): 4740 N.W. 10th Court #312  
83  
84 City: Plantation, 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: Walter Hughes, President DATE: 4-5-96  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: P NAME: DEWYER, VIRGINIA STREET ADDRESS: 4740 NW 10 CT #318 CITY-ST-ZIP: PLANTATION FL	<input checked="" type="checkbox"/> DELETE
TITLE: V NAME: NAIRN, SONYA STREET ADDRESS: 4740 NW 10 CT #116 CITY-ST-ZIP: PLANTATION FL	<input type="checkbox"/> DELETE
TITLE: S NAME: LEFRANCIOS, SYLVIA STREET ADDRESS: 4740 N.W. 10 CT. #304 CITY-ST-ZIP: PLANTATION FL	<input type="checkbox"/> DELETE
TITLE: T NAME: MURPHY, JOHN STREET ADDRESS: 4740 NW 10 CT #310 CITY-ST-ZIP: PLANTATION FL	<input checked="" type="checkbox"/> DELETE
TITLE: D NAME: HARTMAN, MARK STREET ADDRESS: 4740 NW 10 CT #302 CITY-ST-ZIP: PLANTATION FL	<input checked="" type="checkbox"/> DELETE
TITLE: D NAME: BOOSE, JOANN STREET ADDRESS: 4740 NW 10 CT #302 CITY-ST-ZIP: PLANTATION FL	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE: President 12 NAME: Hughes, Walter 13 STREET ADDRESS: 4740 NW 10th Ct. #309 14 CITY-ST-ZIP: Plantation, FL. 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE: Vice President 22 NAME: Fieldson, Lenora 23 STREET ADDRESS: 4740 NW 10th Ct. #312 24 CITY-ST-ZIP: Plantation, FL. 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE: Secretary 32 NAME: Lefrancios, Sylvia 33 STREET ADDRESS: 4740 NW 10th Ct. #304 34 CITY-ST-ZIP: Plantation, FL. 33313	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE: Treasurer-Director 42 NAME: Bell, Patricia 43 STREET ADDRESS: 4740 NW 10th Ct. #204 44 CITY-ST-ZIP: Plantation, FL. 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
51 TITLE: Director 52 NAME: Nairn, Sonya 53 STREET ADDRESS: 4740 NW 10th Ct. #116 54 CITY-ST-ZIP: Plantation, FL. 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE: Director 62 NAME: Dewyer, Virginia 63 STREET ADDRESS: 4740 NW 10 Ct. #318 64 CITY-ST-ZIP: Plantation, FL. 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Walter Hughes  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Walter Hughes, President

Date: 4-5-96 Daytime Phone: (954) 583-4195

CR2E037 (12/95)