

FILE NOW: FILING FEE IS \$61.25

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Jan 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 716830 (5)

1. Corporation Name

LAKE PARK GARDENS #7, INC., A CONDOMINIUM



Principal Place of Business

Mailing Address

4740 NORTHWEST 10TH COURT  
PLANTATION FL 33313

4740 NORTHWEST 10TH COURT  
PLANTATION FL 33313-6588

3. Date Incorporated or Qualified  
07/02/1969

3a. Date of Last Report  
06/14/1996

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

24

25

29

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4. FEI Number  
59-1317849

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUGHES, WALTER  
4740 NORTHWEST 10TH COURT  
PLANTATION FL 33313

81 Name LEONORA FIELDSON  
82 Street Address (P.O. Box Number is Not Acceptable) 4740 N.W. 10th COURT  
83 PLANTATION, FL. 33313  
84 City PLANTATION, FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Leonora B. Fieldson* President 1/8/97

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	HUGHES, WALTER
STREET ADDRESS	4740 NORTHWEST 10TH COURT #309
CITY-ST-ZIP	PLANTATION FL 33313
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	NAIRN, SONYA
STREET ADDRESS	4740 NW 10 CT #118
CITY-ST-ZIP	PLANTATION FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	LEFRANCIOS, SYLVIA
STREET ADDRESS	4740 N.W. 10 CT. #304
CITY-ST-ZIP	PLANTATION FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	BELL, PATRICIA
STREET ADDRESS	4740 NORTHWEST 10TH COURT #204
CITY-ST-ZIP	PLANTATION FL 33313
TITLE	D <input type="checkbox"/> DELETE
NAME	NAIRN, SONYA
STREET ADDRESS	4740 NORTHWEST 10TH COURT #118
CITY-ST-ZIP	PLANTATION FL 33313
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DEWYER, VIRGINIA
STREET ADDRESS	4740 NORTHWEST 10TH COURT #318
CITY-ST-ZIP	PLANTATION FL 33313

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LEONORA FIELDSON
1.3 STREET ADDRESS	4740 N.W. 10th COURT #312
1.4 CITY-ST-ZIP	PLANTATION, FLA. 33313
2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT SNEAD
2.3 STREET ADDRESS	4740 N.W. 10th COURT #212
2.4 CITY-ST-ZIP	PLANTATION, FLA. 33313
3.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VIRGINIA DEWYER
3.3 STREET ADDRESS	4740 N.W. 10th COURT #318
3.4 CITY-ST-ZIP	PLANTATION, FLA. 33313
4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SONYA NAIRN
4.3 STREET ADDRESS	4740 N.W. 10th Ct. #316
4.4 CITY-ST-ZIP	PLANTATION, FLA. 33313
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PATRICIA BELL
5.3 STREET ADDRESS	4740 N.W. 10th COURT #204
5.4 CITY-ST-ZIP	PLANTATION, FLA. 33313
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ROBERT SNEAD
6.3 STREET ADDRESS	4740 N.W. 10th Ct. #212
6.4 CITY-ST-ZIP	PLANTATION, FLA 33313

14. I do 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 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: *Virginia L. Dewyer, Secy. State* 1/8/97 954-587-8313  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034840

CR2E037 (9/96)