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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716830

1. Corporation Name

LAKE PARK GARDENS #7, INC., A CONDOMINIUM

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

Mailing Address
4740 NORTHWEST 10TH COURT
PLANTATION FL 33313



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/02/1969	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1317849	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SNEAD, ROBERT 4740 NW 10TH COURT, #212 PLANTATION FL 33313				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	SNEAD, ROBERT	1.2 NAME	SNEAD, ROBERT
STREET ADDRESS	4740 NW 10 CT, #212	1.3 STREET ADDRESS	4740 NW 10 CT, #212
CITY-ST-ZIP	PLANTATION FL 33313	1.4 CITY-ST-ZIP	PLANTATION, FL 33313
TITLE	VP	2.1 TITLE	
NAME	JOHNSON, RON	2.2 NAME	
STREET ADDRESS	4740 NW 10TH CT, #108	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33313	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	D
NAME	FIELDSON, LENORA	3.2 NAME	MURPHY, JOHN
STREET ADDRESS	4740 NW 10TH CT, #312	3.3 STREET ADDRESS	4740 N.W. 10 CT, 310
CITY-ST-ZIP	PLANTATION FL 33313	3.4 CITY-ST-ZIP	PLANTATION, FL 33313
TITLE	T	4.1 TITLE	T+S
NAME	DEWYER, VIRGINIA	4.2 NAME	DEWYER, VIRGINIA
STREET ADDRESS	4740 NW 10TH CT, #318	4.3 STREET ADDRESS	4740 N.W. 10 CT, #318
CITY-ST-ZIP	PLANTATION FL 33313	4.4 CITY-ST-ZIP	PLANTATION, 33313
TITLE	D	5.1 TITLE	D
NAME	NAIRN, SONIA	5.2 NAME	GORDON, ROWENA
STREET ADDRESS	4740 NW 10TH CT, #116	5.3 STREET ADDRESS	4740 NW 10 CT #204
CITY-ST-ZIP	PLANTATION FL 33313	5.4 CITY-ST-ZIP	PLANTATION, FL 33313
TITLE	D	6.1 TITLE	D
NAME	HARTMANN, MABEL	6.2 NAME	BOOSE, JOANN
STREET ADDRESS	4740 NW 10TH CT, APT 104	6.3 STREET ADDRESS	4740 N.W. 10 CT, #302
CITY-ST-ZIP	PLANTATION FL 33313	6.4 CITY-ST-ZIP	PLANTATION, FL 33313

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: _____ DATE: 1/5/99 DAYTIME PHONE #: (954) 791-6801

CR2E037 (11/98)