

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716830

1. Entity Name

LAKE PARK GARDENS #7, INC., A CONDOMINIUM

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90067 014 ****61.25

Principal Place of Business

Mailing Address

4740 NORTHWEST 10TH COURT
 PLANTATION FL 33313

4740 NORTHWEST 10TH COURT
 PLANTATION FL 33313-6588

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1317849

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SNEAD, ROBERT
 4740 NW 10TH COURT, #212
 PLANTATION FL 33313

Name

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

City

FL

Zip Code

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	P	<input type="checkbox"/> Delete
NAME	SNEAD, ROBERT	
STREET ADDRESS	1740 N.W. 10TH CT #212	
CITY-ST-ZIP	PLANTATION FL 33313	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, JOHN	
STREET ADDRESS	4740 N.W. 10TH CT 310	
CITY-ST-ZIP	PLANTATION FL 33313	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	DEWYER, VIRGINIA	
STREET ADDRESS	4740 NW 10TH CT, #318	
CITY-ST-ZIP	PLANTATION FL 33313	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GORDON, ROWENA	
STREET ADDRESS	4740 NW 10TH CT 204	
CITY-ST-ZIP	PLANTATION FL 33313	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOOSE, JOANN	
STREET ADDRESS	4740 N.W. 10TH CT 300	
CITY-ST-ZIP	PLANTATION FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM E. DEWYER	
STREET ADDRESS	4740 N.W. 10TH CT, ART. 318	
CITY-ST-ZIP	PLANTATION, FLA 33313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert M. SNEAD ROBERT M. SNEAD 1/5/00 (954) 791-6801
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)