

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

0046363

**DOCUMENT # 716830**

1. Entity Name

**LAKE PARK GARDENS #7, INC., A CONDOMINIUM**

04-19-2001 90042 039 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**4740 NORTHWEST 10TH COURT** *OK*  
**PLANTATION FL 33313**

**4740 NORTHWEST 10TH COURT**  
**PLANTATION FL 33313**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1317849**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **CREST PROPERTY**

Street Address (P.O. Box Number is Not Acceptable)  
**4700 Hiatus Road #156**

City **SUNRISE**

**FL**

Zip Code **33345**

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

*Donald R. Castagna*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/19/2001*

**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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SNEAD, ROBERT</b>	
STREET ADDRESS	<b>1740 N.W. 10TH CT #212</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33313</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>DEWYER, VIRGINIA</b>	
STREET ADDRESS	<b>4740 NW 10TH CT, #318</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33313</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GORDON, ROWENA</b>	
STREET ADDRESS	<b>4740 NW 10TH CT 204</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33313</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BOOSE, JOANN</b>	
STREET ADDRESS	<b>4740 NW 10TH CT #302</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33313</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DEWYER, WILLIAM E</b>	
STREET ADDRESS	<b>4740 NW 10TH CT ART. 318</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33313</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>B:PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TSP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Rowena Gordon</b>	
STREET ADDRESS	<b>4740 NW 10th PL #204</b>	
CITY-ST-ZIP	<b>Plantation FL 33313</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V&amp;D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DORIS Hughes</b>	
STREET ADDRESS	<b>4740 NW 10th Ct # 308</b>	
CITY-ST-ZIP	<b>Plantation FL 33313</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Label Hubman</b>	
STREET ADDRESS	<b>4740 NW 10th Ct # 104</b>	
CITY-ST-ZIP	<b>Plantation FL 33313</b>	

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:

*Virginia Dewyer*  
**ORIGINAL SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/4/01* President  
 DATE DAYTIME PHONE #

CR2E037 (10/00)