


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90012 003 ****61.25

DOCUMENT # 716830					
1. Entity Name LAKE PARK GARDENS #7, INC., A CONDOMINIUM					
Principal Place of Business 2771 TREASURE COVE CIR FT LAUDERDALE, FL 33312 US			Mailing Address 2771 TREASURE COVE CIR FT LAUDERDALE, FL 33312 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	03212005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent				4. FEI Number 59-1317849	
BASS, MICHAEL R 600 S ANDREWS AVE 6TH FLOOR FT LAUDERDALE, FL 33301				Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent					
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, RON;		NAME		
STREET ADDRESS	4740 NW 10TH CT, #108		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33313		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GORDON, ROWENA		NAME		
STREET ADDRESS	4740 NW 47TH PL #204		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33313		CITY-ST-ZIP		
TITLE	DST	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NAIRN, SONIA		NAME		
STREET ADDRESS	4740 NW 10TH CT # 116		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33313		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURGESS, JENNIFER		NAME		
STREET ADDRESS	4740 NW 10TH CT ART. 104		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33313		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Nancy Kleiner		NAME	President	
STREET ADDRESS	4740 NW 10th Court		STREET ADDRESS		
CITY-ST-ZIP	Ft. Lauderdale FL 33313		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Jo Ann Boose		NAME	President	
STREET ADDRESS	4740 NW 10th Court		STREET ADDRESS		
CITY-ST-ZIP	Ft. Lauderdale, FL 33313		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: <u>Nancy Kleiner</u>		Date: <u>3/24/05</u>		Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					