

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 716972 (5)
1. Corporation Name
LAKE PARK CONDOMINIUM I, INC.



Principal Place of Business: 900 N.E. LAKE PARK DRIVE, NORTH MIAMI BEACH FL 33179-3009
Mailing Address: 900 NE 199TH ST, NORTH MIAMI BEACH FL 33179-3009, US

3. Date Incorporated or Qualified: 08/06/1969
3a. Date of Last Report: 04/11/1995
4. FEI Number: 59-1274009
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, and Zip/Country.

9. Name and Address of Current Registered Agent: GOLDBERG, LEONARD, 940 N.E. 199 STREET, NORTH MIAMI FL 33179
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: ROSE, JACK STREET ADDRESS: 942 N. E. 199TH STREET CITY-ST-ZIP: NORTH MIAMI BEACH FL	<input type="checkbox"/> DELETE	1.1 TITLE: _____ 1.2 NAME: _____ 1.3 STREET ADDRESS: _____ 1.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: ZACK, MAURY STREET ADDRESS: 922 N.E. 199 STREET CITY-ST-ZIP: N MIAMI BEACH, FL 00000	<input type="checkbox"/> DELETE	2.1 TITLE: _____ 2.2 NAME: _____ 2.3 STREET ADDRESS: _____ 2.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: ALEXANDER, GEORGE STREET ADDRESS: 942 N.E. 199 STREET CITY-ST-ZIP: N MIAMI BEACH, FL 00000	<input type="checkbox"/> DELETE	3.1 TITLE: _____ 3.2 NAME: _____ 3.3 STREET ADDRESS: _____ 3.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: ANDERS, LARRY STREET ADDRESS: 950 N. E. 199TH STREET CITY-ST-ZIP: NORTH MIAMI BEACH FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: SECRETARY 4.2 NAME: LINDIE TILLMAN 4.3 STREET ADDRESS: 920 NE 199 STREET 4.4 CITY-ST-ZIP: NORTH MIAMI BEACH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TS NAME: RUBIN, FAE STREET ADDRESS: 940 NE 199TH ST CITY-ST-ZIP: N MIAMI BCH FL	<input type="checkbox"/> DELETE	5.1 TITLE: TREASURER- ONLY. 5.2 NAME: Rubin, Fae 5.3 STREET ADDRESS: _____ 5.4 CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: PALERMO, HARRY STREET ADDRESS: 942 N. E. 199TH STREET CITY-ST-ZIP: NORTH MIAMI BEACH FL	<input type="checkbox"/> DELETE	6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Harry Palermo Vice President 3-6-96 305-651-8801
SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)