

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000004866

1. Entity Name
C-K LAKE PARK REALTY CORP.



Principal Place of Business
**C/O CLK MANAGEMENT CORP.
9 PARK PLACE
GREAT NECK, NY 11021**

Mailing Address
**C/O CLK MANAGEMENT CORP.
9 PARK PLACE
GREAT NECK, NY 11021**



02072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2859493	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000472633
03/30/06-80001-003 650.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PARNES, HOWARD
STREET ADDRESS ONE WEST RED OAK LANE
CITY-ST-ZIP WHITE PLAINS, NY 10604

TITLE VSD
NAME STAHL, SHELDON
STREET ADDRESS ONE WEST RED OAK LANE
CITY-ST-ZIP WHITE PLAINS, NY 10604

TITLE VTD
NAME STAHL, FRED
STREET ADDRESS ONE WEST RED OAK LANE
CITY-ST-ZIP WHITE PLAINS, NY 10604

TITLE V
NAME KOENIGSBERG, CRAIG
STREET ADDRESS 9 PARK PLACE
CITY-ST-ZIP GREAT NECK, NY 11021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: *Craig Koebigsberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/06

Date

Daytime Phone