

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

0080544

DOCUMENT # NO1000008914

1. Entity Name

LAKE PARK GARDEN CLUB, INC.



05-02-2003 90405 009 ****61.25

Principal Place of Business

754 W. ILEX DR.
LAKE PARK FL 33403

Mailing Address

754 W. ILEX DR.
LAKE PARK FL 33403

2. Principal Place of Business

SAME 754 W. ILEX DR.
Suite, Apt. #, etc.

3. Mailing Address

SAME 754 W. ILEX
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

LAKE PARK FL

City & State

LAKE PARK FL

4. FEI Number **45-0469420**

Applied For

Not Applicable

Zip

33403

Country

USA

Zip

33403

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BLADES-PREMET, HEATHER
754 W. ILEX DR.
LAKE PARK FL 33403

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **BLADES-PREMET, HEATHER**
STREET ADDRESS **754 W. ILEX DR.**
CITY-ST-ZIP **LAKE PARK FL 33403**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **HIRONIMUS, HELEN**
STREET ADDRESS **719 W. ILEX DR.**
CITY-ST-ZIP **LAKE PARK FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **DREW, BETH**
STREET ADDRESS **527 PALMETTO DR.**
CITY-ST-ZIP **LAKE PARK FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **BLADES, JACK**
STREET ADDRESS **731 HAWTHORNE DR.**
CITY-ST-ZIP **LAKE PARK FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **MORRISON, ARTHUR**
STREET ADDRESS **531 DATE PALM DR.**
CITY-ST-ZIP **LAKE PARK FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **HORD, DENISE**
STREET ADDRESS **519 JASMINE DR.**
CITY-ST-ZIP **LAKE PARK FL**

TITLE ☐ Change ☐ 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:

Heather Blades-Premet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-03

561-863-2368

CR2E037 (10/02)