

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90168 001 ****61.25

DOCUMENT # N03783

1. Entity Name
LAKE CLARKE SHORES GARDEN CLUB, INC.

Principal Place of Business 7400 WEST LAKE DR WEST PALM BEACH FL 33406 US	Mailing Address 7400 WEST LAKE DR WEST PALM BEACH FL 33406 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 59-2425146	Applied For <input type="checkbox"/> Not Applicable
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Country	Country
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BURK, CAROL T
7400 WEST LAKE DR
WEST PALM BEACH FL 33406

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.

SIGNATURE: *Carol J. Burk* *CAROL T. BURK* DATE: *1/21/02*
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 Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME PD WATTS, MARY E	<input type="checkbox"/> Delete
STREET ADDRESS 8115 PINETREE LANE	
CITY-ST-ZIP WEST PALM BEACH FL 33406	
TITLE NAME DV BAZINET, JOSEPHINE	<input type="checkbox"/> Delete
STREET ADDRESS 1709 ARLINGTON DR	
CITY-ST-ZIP WEST PALM BEACH FL 33406	
TITLE NAME DV FOUNTAIN, LYNN	<input type="checkbox"/> Delete
STREET ADDRESS 7128 WEST LAKE DR	
CITY-ST-ZIP WEST PALM BEACH FL 33406	
TITLE NAME SD ROUZER, PHYLLIS	<input type="checkbox"/> Delete
STREET ADDRESS 8126 SEDGEWICK CT	
CITY-ST-ZIP WEST PALM BEACH FL 33406	
TITLE NAME CSD BURKHARDT, LOIS	<input type="checkbox"/> Delete
STREET ADDRESS 8128 SEDGEWICK CT	
CITY-ST-ZIP WEST PALM BEACH FL 33406	
TITLE NAME DT BURK, CAROL	<input type="checkbox"/> Delete
STREET ADDRESS 7400 WEST LAKE DR	
CITY-ST-ZIP WEST PALM BEACH FL 33406	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Carol T. Burk* *CAROL T. BURK* DATE: *1/21/02* *561-9636318*

-CR2E037 (9/01)