


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 30, 2007 8:00 am**  
**Secretary of State**

07-30-2007 90062 013 \*\*\*\*61.25

DOCUMENT # N94000003297					
<b>1. Entity Name</b> LAKE PARK AT FOREST RIDGE HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O SUNRISE MANAGEMENT SVCS, 7071 W. COMMERCIAL BLVD #28 TAMARAC, FL 33319 US			<b>Mailing Address</b> C/O SUNRISE MANAGEMENT SVCS, 7071 W. COMMERCIAL BLVD #28 TAMARAC, FL 33319 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0534268	
				Applied For <input type="checkbox"/> Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
EISINGER, DENNIS C/O SUNRISE MANAGEMENT SERVICES 7071 W. COMMERCIAL BLVD SUITE #28 TAMARAC, FL 33319			Name Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BLVD. #2655 City HOLLYWOOD FL Zip Code 33021		
<b>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</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to:</b> Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> DOLAN, ANITA <b>STREET ADDRESS</b> 9172 LAKE PARK CIRCLE <b>CITY-ST-ZIP</b> DAVIE, FL 33328	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VP, D HARRIS, DEBORAH <b>STREET ADDRESS</b> 2601 LAKE PARK CIRCLE WEST <b>CITY-ST-ZIP</b> DAVIE, FL 33328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> *PD BARDASH, TOM <b>STREET ADDRESS</b> 9012 LAKE PARK CIRCLE SOUTH <b>CITY-ST-ZIP</b> DAVIE, FL 33328	<input type="checkbox"/> Delete		<b>TITLE</b> TAD MIRAGLIA, BEN <b>STREET ADDRESS</b> 9145 LAKE PARK CIRCLE SOUTH <b>CITY-ST-ZIP</b> DAVIE, FL 33328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> SD ALLISON, LORI <b>STREET ADDRESS</b> 9182 LAKE PARK CIRCLE <b>CITY-ST-ZIP</b> DAVIE, FL 33328	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> *D FIX, RICHARD <b>STREET ADDRESS</b> 9142 LAKE PARK CIRCLE SOUTH <b>CITY-ST-ZIP</b> DAVIE, FL 33328	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D, S WALSH, MICHAEL <b>STREET ADDRESS</b> 8986 LAKE PARK CIRCLE SOUTH <b>CITY-ST-ZIP</b> DAVIE, FL 33328	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7-26-07 454-534-3400 <small>Date Daytime Phone</small>		