

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90038 047 \*\*\*\*61.25

**DOCUMENT #** N95000002338  
**1. Entity Name**  
 THE LAKES AT PARKLAND HOMEOWNERS ASSOCIATION, INC.

**Principal Place of Business**  
 5920 NW 74th Place  
 Parkland, FL 33067

**Mailing Address**  
 5920 NW 74th Place  
 Parkland, FL 33067

**2. Principal Place of Business**  
 c/o Castle Mgmt. Inc.  
 Suite, Apt. #, etc.  
 P.O. Box 189013

**3. Mailing Address**  
 c/o Castle Mgmt. Inc.  
 Suite, Apt. #, etc.  
 P.O. Box 189013

**City & State**  
 Plantation, FL

**City & State**  
 Plantation, FL

**Zip** 33318 **Country** USA

**Zip** 33318 **Country** USA

**4. FEI Number**  
 65-0673022

**Applied For**  
 Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

~~Gabriel, Alan L Esq  
 2455 E. Sunrise Blvd.  
 Penthouse East  
 Ft. Lauderdale, FL 33304~~

**7. Name and Address of New Registered Agent**

Name: Castle Management, Inc.  
 Street Address (P.O. Box Number is Not Acceptable): 4450 West Sunrise Boulevard  
 Suite C-100  
 City: Plantation FL Zip Code: 33313

**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: *Gail H. Sangunett* Gail H. Sangunett, Vice President 2/2/00  
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 STREET ADDRESS CITY-ST-ZIP	PSD Tomlinson, Harold 5920 NW 74th Place Parkland, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Richardson, Barton 5920 NW 7th Place Parkland, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Smigiel, Gary 5920 NW 74th Place Parkland, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Loss, Kim 5921 NW 74th Place Parkland, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gotti, Ron 7561 NW 59th Way Parkland, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Roadarmel, Diane 5942 NW 77th Drive Parkland, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Gentile, Nicholas 7621 NW 59th Way Parkland, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Halpin, Rick 7533 NW 60th Lane Parkland, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERIDAN, David 7578 NW 59th Way Parkland, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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: *Ron Gotti* Ron Gotti, President 2/2/00 (954) 792-6000  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR20037 10/00