

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90271 008 \*\*\*\*61.25

DOCUMENT # N95000002338

1. Entity Name

THE LAKES AT PARKLAND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

C/O CASTLE MGMT INC  
P O BOX 189013  
PLANTATION FL 33318

Mailing Address

C/O CASTLE MGMT INC  
P O BOX 189013  
PLANTATION FL 33318

94076593



MOORE CR2E037 (11/03)

2. Principal Place of Business

C/O Integrity Property Mgt.

Suite, Apt. #, etc.  
953 University Dr.

City & State  
Coral Springs FL

Zip  
33071

Country  
U.S.A.

3. Mailing Address

C/O Integrity Property Mgt.

Suite, Apt. #, etc.  
953 University Dr.

City & State  
Coral Springs FL

Zip  
33071

Country  
USA

4. FEI Number  
65-0673022

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTLE MANAGEMENT, INC.  
4450 W SUNRISE BLVD  
C-100  
FORT LAUDERDALE FL 33313

Name  
Integrity Property Management, Inc.

Street Address (P.O. Box Number is Not Acceptable)

953 University Dr.

City  
Coral Springs

FL Zip Code  
33071

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]*

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

(NOTE: Registered Agent signature required when reinstating)

4/27/04  
DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2004

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
ZELTWANGER, KIM  
6062 NW 77TH DR  
PARKLAND FL 33067 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
MESSINA, NICHOLAS  
5984 NW 75 CT  
PARKLAND FL 33067 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
HATTON, KEVIN F.  
6065 NW 75TH CT  
PARKLAND FL 33067 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
SHERIDAN, DAVID  
7578 NW 59TH WAY  
PARKLAND FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
UP  
Liz Lipman  
7743 NW 60 LANE  
PARKLAND FL 33067 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HARMON, KRISTA  
7606 NW 60TH LANE  
PARKLAND FL 33067 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
Kevin Kline  
7806 NW 60 LANE  
PARKLAND FL 33067 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: *[Signature]* Kevin Kline

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04 800-291-6777  
Date Daytime Phone #