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Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90140 025 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 716417

1. Corporation Name

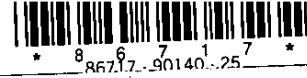
ALLAMANDA GARDENS CONDOMINIUM, INC.

Principal Place of Business

5041 W. OAKLAND PARK BLVD.
LAUDERDALE LAKES FL 33313

Mailing Address

5041 W. OAKLAND PARK BLVD.
LAUDERDALE LAKES FL 33313



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/22/1969	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1372621	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24	25	29	30		

9. Name and Address of Current Registered Agent

SATEL, MILTON
5011 W OAKLAND PK BLVD
LAUDERDALE LAKES FL 33313

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPELAND, KATHEY E	1.2 NAME	
STREET ADDRESS	5011 W. OAKLAND PK BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SATEL, MILTON	2.2 NAME	
STREET ADDRESS	5011 W. OAKLAND PK BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIN, ERIC	3.2 NAME	
STREET ADDRESS	5011 W. OAKLAND PK BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SATEL, JANE	4.2 NAME	
STREET ADDRESS	5011 W. OAKLAND PARK BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	4.4 CITY-ST-ZIP	
TITLE	DP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUEEN, DORIS	5.2 NAME	
STREET ADDRESS	5011 W. OAKLAND PARK BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99 954.735 5497
Daytime Phone #

0037386

CR2E037 (11/98)