


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90017 024 ****61.25

DOCUMENT # 716417			
1. Entity Name ALLAMANDA GARDENS CONDOMINIUM, INC.			
Principal Place of Business 4801 N.W. 34 ST 401 LAUDERDALE LAKES FL 33319		Mailing Address 4801 N W 34 ST 401 GG LAUDERDALE LAKES FL 33319	
2. Principal Place of Business - No P.O. Box # 5021 W. OAKLAND PK BLVD		3. Mailing Address 4801 N.W. 34 ST	
Suite, Apt. #, etc. LAUDERDALE LAKES		Suite, Apt. #, etc. LAUDERDALE LAKES	
City & State FL		City & State FL	
Zip 33313	Country BROWARD	Zip 33319	Country BROWARD
6. Name and Address of Current Registered Agent SICKLES, BARRY 3300 SAMPLE ROAD CORAL SPRINGS FL 33065		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VPD CARNEADO, GEORGE 5021 W OAKLAND PK BLVD FORT LAUDERDALE FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BUSK, WILLIAM 4801 NW 34 ST LAUDERDALE LAKES FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SATEL, JANE 4801 NW 34 ST FORT LAUDERDALE FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SATEL, JANE 4801 NW 34 ST LAUDERDALE LAKES FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAUSCHILD, GERALDO 5021 W OAKLAND PARK BLVD LAUDERDALE LAKES FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RABINOWITZ, HARVEY 10130 SUNRISE LAKES BLVD SUNRISE FL 33322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GEORGE McMANUS 5021 W. OAKLAND PK. BLVD. D LAUDERDALE LAKES FL 33313

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Jane Sate **4-28-07** **954-735-1892**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #