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FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996					
DOCUMENT	#				

718209

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NARCISSUS GARDENS CONDOMINIUM, INC.						
NANCIS	SOUS GANDENS CONDON	AIINIUWI, ING.)	. 1800 (1901) (1801) (1804) (1806) (1806) (1806) (1806)
Principal Place	of Business	Mailing Address				
C/O MARY W		C/O MARY WEINGARD				
5151 W OAKLAND PARK BLVD. 5151 W OAKLAND PARK BLV FT. LAUDERDALE FL 33313 FT. LAUDERDALE FL 33313						
T. Biobenio	THE TE GOOTS	The bridge fighter to b			3. Date incorporated or Qualified	3a. Date of Last Report
A Dringing Dia	ace of Business	2a. Mailing Address			03/17/1970 4. FEI Number	04/27/1995
2. Principal Pia 21	ace of business	26. Mailing Address			59-1372611	Applied For Not Applicable
Suite, Apt. i	*, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	55.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country 30		8. This corporation has liability for i	
24	9. Name and Address of Curre	29 ent Registered Agent			Florida Statutes L 10. Name and Address of New R	Yes No
	J. 1101110 1110 1110 1110 1110 1110 1110		81	Name		
WEINGA	RD, MARY		82	Chunch Ad	dress (P.O. Box Number is Not Acceptab	le)
	OAKLAND PK. BLVD.		02	Street Act	ciress (F.O. Box intimber is not Acceptab	ic.)
	DALE LAKES 33313		83			
			84	City		85 Zip Code
				,		FL T
11. Pursuant t	o the provisions of Sections 617.050 ed agent, or both, in the State of Flor	i2 and 617.1508, Florida Statuti rida. Such change was authoriz	es, the above-r ed by the corp	named corpo oration's bo	oration submits this statement for the pur and of directors. I hereby accept the appx	pose of changing its registered office pintment as registered agent. I am
familiar wit	th, and accept the obligations of, Sec	ction 617.0503, Florida Statutes	i.			
SIGNATURE _	Signature, typed or printed name of registered age:	at and pile of applicable (All'	TE Bourter of Actor	d e ao at vo voa i	rad when reinstating)	DATE
12.	 	ND DIRECTORS	13.	ragnature equi	ADDITIONS/CHANGES TO OFF	
TITLE	D	DELETE	11 TITLE	6	MARY WEING	Change Addition
NAME	DEROBBIO, SAM		1.2 NAME		MARY WEING 5151 W. Balland	CARD DOLL
STREET ADDRESS	5151 W. OAKLAND PARK B	LVD.	1 3 STREET	ADDRESS	5151 W. Balana	I PK NEVA.
CITY-ST-ZIP	LAUDERDALE LAKES FL		14 CHY - S	IT-ZIP	EAUDERDALE LA	11663 F/A: 33313
TUTLE	D	DELETE	2 1 TIJUF	ı	EMUDERDILLE LA P SAM DEROBBI	Change Addition
NAME	SEIDMAN, SAM		2.2 NAME	1	SIKI W. OAKL	AND PK. BLUD.
STREET ADDRESS	5151 W. OAKLAND PARK B	LVD.	23 STREET		LAUNER NOVE L	AKES. Fla. 37313
CITY-ST-ZIP TITLE	LAUDERDALE LAKES FL	DELETE	2 4 CITY - 3 1 TITLE		P SPOTT JAMES	Change Addition
NAME	WEINGARD, MARY		3 2 NAME		Seoll, JAMES	AND PK, BLVD, AKES, Fla. 33313 Change Addition OF R. BLVD.
STREET ADDRESS	5151 W OAKLAND PK BLVD)	3 3 STREET	ADDRESS	5151 W. CAKLAX	VO IK BUVD.
CITY-ST-ZIP	LAUDERDALE LKS FL	•	34 CITY-		LAUDER DALE	LAKES, FLA 33313
TITLE	VP	DELETE	4.1 TITLE		OF KRONENBERG, 5151 W. OAKLAN.	Change Addition
NAME	SCOTT, JAMES		4 2 NAME		ELEI W. Mall La	MORRIS
STREET ADDRESS	5151 W OAKLAND PK BLVD)	4.3 STREET	ADDRESS	1 AHD CONTERN	PK BLVD.
CITY-ST-ZIP	LAUDERDALE LKS FL		4.4 CITY - 9	ST - ZIP	-AVOSK DALE	LA. 33313
TITLE	DŤ	DELETE	5 1 TITLE	$ \mathcal{L} $	LAVDER DALE DEROBBIO, DOS 5151 W. Oakland	Change Addition
NAME	KRONENBERG, MORRIS		5.2 NAME		5151 W. Oaklan	a I-KISLUB.
STREET ADDRESS	5151 W OAKLAND PK BLVD)		ADDRESS	LAUDERNALE L	4KES, FLA. 33313
CITY-ST-ZIP TITLE	LAUDERDALE LKS FL	DELETE	5 4 CITY - S 6 1 TITLE	SI-ZIP	SEDMAN, SA	M/I Change Addition
NAME	ZEILER, MOLLY	L.JOCCCIC	62 NAME	1.	JISI W. Ookland	Pre Blad.
STREET ADDRESS	5151 W. OAKLAND PK BLVI	<u> </u>	6.3 STREET		LAUDER DALE LA	NES FIA XXXIS
CITY-ST-ZIP	LAUDERDALE LAKE FL		6.4 CITY-S	- 1	me to - or to make from	11-1,1 111132315
		with this filing is voluntarily furn			for the exemption stated in Section 119.	07(3)(k), Florida Statutes. I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE:

SIGNATURE AND APPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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