## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

718209

(0)

NARCISSUS GARDENS CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

FILED May 19 1997 8:00am Secretary of State



*		<del>-</del>			
C/O MARY WEINGARD C/O MARY WEINGARD			Life.		
	AND PARK BLVD.	5151 W OAKLAND PARK BL FT. LAUDERDALE FL 33313-			
FT. LAUDERDALE FL 33313 FT. LAUDERDALE FL 33313-1			1006	3. Date incorporated or Qualified 03/17/1970	3a. Date of Last Report 04/26/1996
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 40 5	AM DEROBBIO	26 C/O SAM DE	ROBBIO	59-1372611	Not Applicable
Suite, Apt.		Suite, Apt. #, etc. 27 5/5/ W. OAKL		VO 5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Stat		City & State		FL 6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 333	Country	Zp	Country so U.S.A		Yes 🔀 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	glatered Agent
			81 Name	SAM DEROBBIO	
WEINGA	ARD, MARY			Address (P.O. Box Number is Not Acceptate	sle)
	. OAKLAND PK. BLVD.			SI W. OAKLAND	PK BLVD
	RDALE LAKES 33313		83		
	••		84 City		les l Zin Code
			LA ZA	UDERDALE LAKES	FL 85 Zip Code 3
11. Pursuant	to the provisions of Sections 617,0502	and 617.1508, Florida Statute	s, the above-named	corporation submits this statement for the poration's board of directors. I hereby acceptance	purpose of changing its registered
office or i	registered agent, or both, in the State of am familiar with, and accept the obligati	r Florida. Such change was a ions of, Section 617.0503, Flo	utnorized by the corp rida Statutes	poration's board of directors. I hereby accep	ot the appointment as registered
	land De Roll	rur SAN	4 NER 68	1310 1	- 4-97
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12  Change Addition
TITLE	D.	☐ DELETE	1.1 TITLE	0	Change Addition
NAME	DEROBBIO, SAM		1.2 NAME	SAM DEROBBIO	_
STREET ADDRESS	5151 W. OAKLAND PARK BLVI	<b>)</b> ,	1.3 STREET ADDRESS	SISI W. OAKLAND I	
CITY-ST-ZIP	LAUDERDALE LAKES FL		1.4 CITY-ST-ZIP	LAUDERDALE LAKES	
TiTLE		DELETE	2.1 TITLE		Change
NAME	SÉIDMAN, SAM		2.2 NAME		
STREET ADDRESS	5151 W. OAKLAND PARK BLVI	)	2.3 STREET ADDRESS		
CITY - S1 - ZIP	LAUDERDALE LAKES FL		2. 4 CITY-ST-ZIP	and the same of th	Commission
TITLE	\$	DELETE	3.1 TITLE	7	Change Addition
NAME	WEINGARD, MARY		3,2 NAME	MARY WEINGARD	•
STREET ADDRESS	5151 W OAKLAND PK BLVD		3.3 STREET ADDRESS	5151 W. OAKLAND	PK BLUD
CITY - ST - ZIP	LAUDERDALE LKS FL		3.4. CITY-ST-ZIP	LAUDER DALE LAKES	FL 33313
TITLE	7	☐ DELETE	4.1 TITLE		Change Addition
NAME	SCOTT, JAMES		4. 2 NAME		
STREET ADDRESS	5151 W OAKLAND PK BLVD		4.3 STREET ADDRESS		
CITY - ST - ZIP	LAUDERDALE LKS FL		4.4 CITY - ST - ZIP		•
TITLE	DT	DELETE	5.1 TITLE	1	Change Addition
NAME	KRONENBERG, MORRIS		5.2 NAME		
STREET ADDRESS	5151 W OAKLAND PK BLVD		5.3 STREET ADDRESS	· 持一	v'
CITY-ST-ZIP	LAUDERDALE LKS FL		5.4 CITY-ST-ZIP		,
TITLE	D	DELETE	6.1 TITLE	D	Change & Additio
NAME	SEIDMAN, SAM	•	62 NAME		•
i			6.3 STREET ADDRESS	MOLLY ZEILER SISI W. OAKLAND LAUDERDALE LAI	AL DEUG
STREET ADDRESS				13151 W. OAKLAWO	LIM DANA
CITY-ST-ZIP	LAUDERDALE LAKES FL	-	6.4 CITY-ST-ZIP	こレタひひをはひみしを レガト	にじら アレ ろフフリグ

14. I do hereby certify that the information supplied with this filling 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.

SIGNATURE

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-97

Daytime Phone # 0034996