

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 718211 (6)**

1. Corporation Name

**MELALEUCA GARDENS CONDOMINIUM, INC.**



Principal Place of Business

Mailing Address

C/O PHILIP J. POUKISH  
5141 W OAKLAND PK BLVD  
LAUDERDALE LAKES FL 33313

C/O PHILIP J. POUKISH  
5141 W OAKLAND PK BLVD  
LAUDERDALE LAKES FL 33313

3. Date Incorporated or Qualified **03/17/1970** 3a. Date of Last Report **04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**59-1372747**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POUKISH, PHILIP J.**  
**5141 W. OAKLAND PK BLVD**  
**LAUDERDALE LAKES FL 33313**

81 Name

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

83

84 City

**FL**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S**  DELETE  
NAME **WEITZ, SELMA**  
STREET ADDRESS **5141 W. OAKLAND PARK BLVD**  
CITY-ST-ZIP **LAUDERDALE LKS, FL 00000**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D**  DELETE  
NAME **GLASSER, GEROGE**  
STREET ADDRESS **5141 W OAKLAND PK BLVD**  
CITY-ST-ZIP **LAUDERDALE LAKE FL**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **TD**  DELETE  
NAME **BAER, HOWARD**  
STREET ADDRESS **5141 W OAKLAND PK BLVD**  
CITY-ST-ZIP **LAUDERDALE FL**

3.1 TITLE  Change  Addition  
3.2 NAME **TD. Getzler, Irene**  
3.3 STREET ADDRESS **51490 P.B.**  
3.4 CITY-ST-ZIP **Lauderdale Lakes, Fla.**

TITLE **PD**  DELETE  
NAME **POUKISH, PHILIP**  
STREET ADDRESS **5141 W OAKLAND PK BLVD**  
CITY-ST-ZIP **LAUDERDALE LAKES, F00000**

4.1 TITLE  Change  Addition  
4.2 NAME **PD Weitz, Irving**  
4.3 STREET ADDRESS **51490 P.B.**  
4.4 CITY-ST-ZIP **Lauderdale Lake Fla.**

TITLE **VP**  DELETE  
NAME **FEUERSTEIN, EDWARD**  
STREET ADDRESS **5141 W OAKLAND PK BLVD**  
CITY-ST-ZIP **LAUDERDALE LKS, FL 00000**

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **VP**  DELETE  
NAME **ROBINSON, W.M.**  
STREET ADDRESS **5141 W. OAKLAND PK.BLVD.**  
CITY-ST-ZIP **LAUDERDALE LKS. FL**

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: **X Irene Getzler**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**IRENE GETZLER**

**X 3/14/96 X 731-0108**  
Date Daytime Phone #

CR2E037 (12/95)